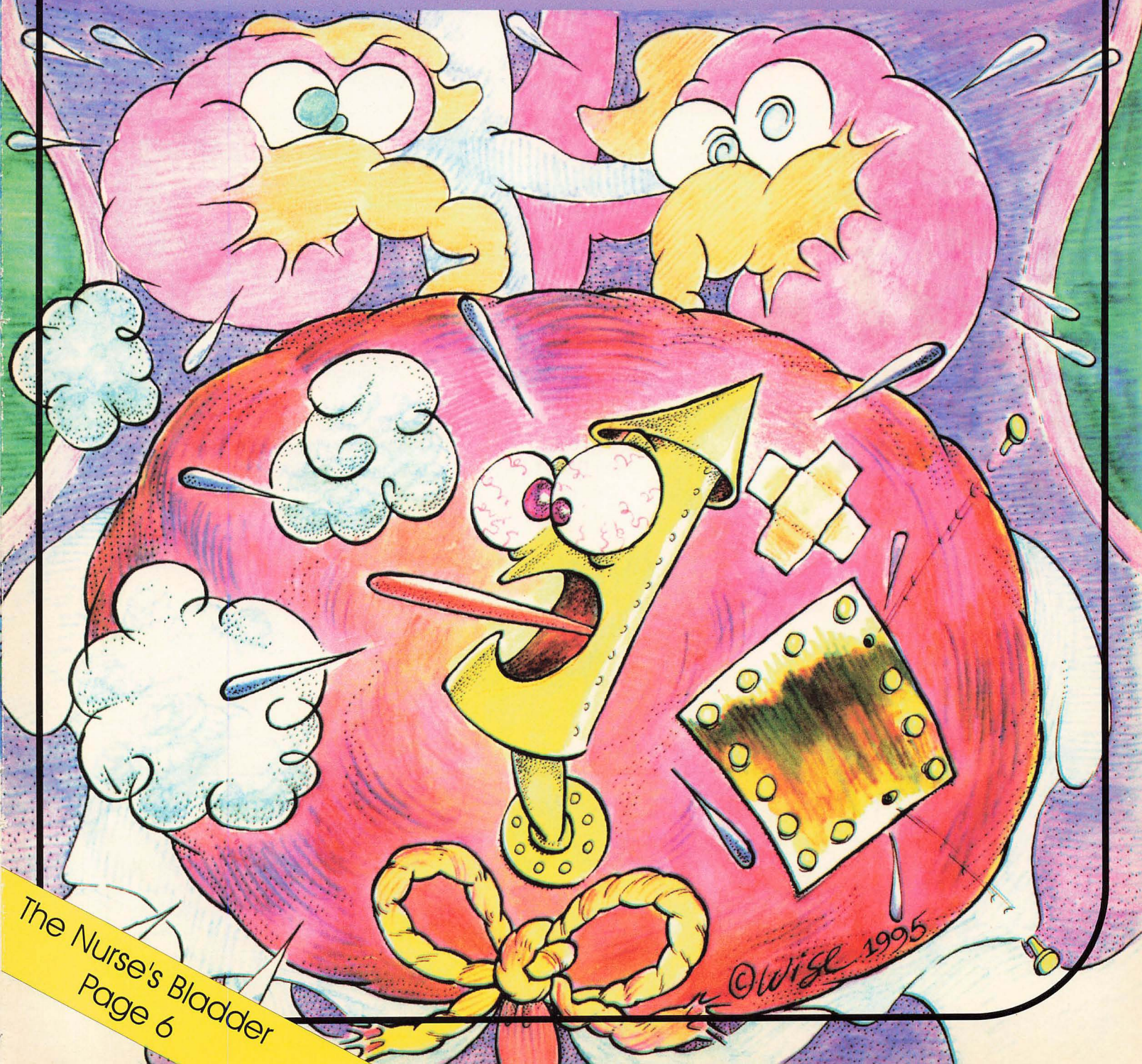


JOURNAL OF NURSING

Jocularity

The Humor Magazine for Nurses

Volume 6, Number 2 - Summer, 1996



The Nurse's Bladder
Page 6

THE JOURNAL OF NURSING JOCULARITY®

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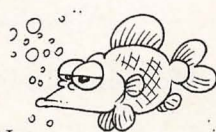
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EDITOR'S NOTE

I love reading the works of psychiatrist Frank Pittman, MD. He's the contributing editor of the journal The Family Therapy Networker who writes their movie reviews. Not normal movie reviews. More like psychiatric analyses that define the state of society. Shows ya' I'm a psych nurse deep down inside.

Anyway, he wrote an intriguing article in the issue of the Networker that explored *What makes a good therapist good?* In it, he said mental health is based on your perspective. It all comes down to: what kind of movie are you living in? **Is your life a tragedy or a comedy?**

Horrible things happen to protagonists in both. It's how you see yourself and your circumstances that makes the difference.

If you see yourself as the hero, you feel unique. You are surrounded by villains and heroes. You strive toward the ideal, your ego is huge and you're set for a fall. You feel, deeply. You despair the human condition and feel doomed to unhappiness, perhaps by the will of the Gods. Nothing's your fault and nothing you can do matters. You are crippled by life and unable to change. You ultimately die. This is a tragedy. It also sounds like burnout.

On the other hand, if your life is a comedy, you celebrate being human. You know you're like everyone else and you're smaller than life. You accept reality. You have feelings, but think before you act on them. Other people humble you and you learn from life. Instead of thinking it's not your fault, you know you asked for it. You can change in the nick of time. You live life. Being human is good enough.

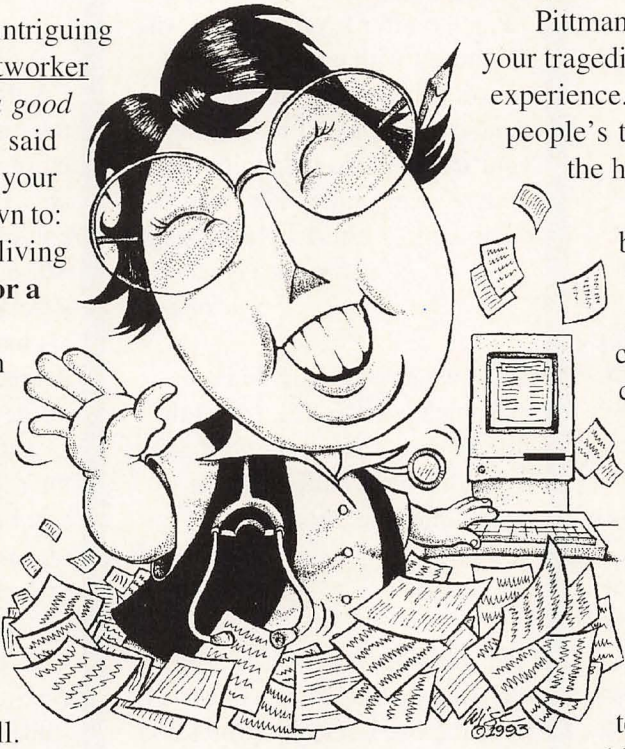
One sort of tragedy is the belief that we must do what we feel like doing or be miserable. When we feel this deeply and desperately, we lose our ability to see absurdity. The perspective of humor pulls us back to reality. Freud said the purpose of psychotherapy is to convert abject misery into normal human unhappiness. Humor does this, too.

Pittman says that until you can laugh at your tragedies, you have not processed the experience. Until you can cry at other people's tragedies, you have not joined the human race.

So when life is tough, step back and check to see if you are in a tragedy or comedy. Do you feel like a victim of circumstance? Or do you feel closer to your fellow humans?

Pittman thinks the difference between therapists who make people better and those who make them worse is the comic versus the tragic perspective. This concept may help at the bedside, too. Do the patients who frustrate you tend to see life as a tragedy? If

so, this insight may help you tolerate them better. You can't change others. But you can continue to role model your life-is-a-comedy perspective. Your behavior can affirm that we are both actors and scriptwriters in this play of life.

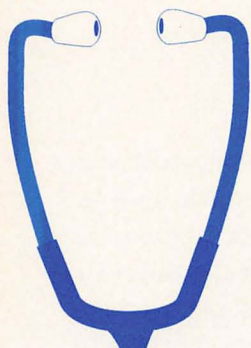


Fran London, MS, RN
Editor

Resource: Pittman, F. (1995). Turning tragedy into comedy. The Family Therapy Networker, 19(6), 36-41.

Stethoscope:

Listening to our Readers



I have a comment regarding Peggy Weimar, RNC's story in *Stories From the Floor* titled, "Pardon Me?"

I firmly believe that sending a Nurse's Aide to check on the alarming of the IV pump is exactly the type of lassitude that makes employers think they can replace RNs with lesser and unlicensed folks. Neither pausing an IV pump alarm nor reading the message conveyed by the pump is within the legal scope of practice of the Nurse's Aide. This also places the patient in undue danger. What if the alarm was the low dose dopamine infusion the renal failure patient and no one assessed it until the next shift?

Extravasation of dopamine causes tissue necrosis unless the antidote is administered promptly. The patient may lose his hand or arm.

We must strive to protect our patients and our practice as RNs by doing all we can to protect encroachment on our practice and patient safety.

*Emma Gleason, RN
Felton, CA*

I enjoyed and laughed with the article "Drugseekers: What We Can Teach Them." But it also hit a little nerve. May I take this opportunity to give a gentle

reminder? I was one of those people who would rush to the emergency room with chest pain. For seven years, as soon as the cardiac enzymes would come back normal, I would receive an enlightening diagnosis such as, "I don't know" or "stress." I was made to feel belittled even though I KNEW I was having chest pain.

Finally, after seven years, I was diagnosed with a rare thymic tumor. I have now had the thymic tumor resection and I am using your magazine to help with my long recovery time. My only complaint—it hurts when I laugh!

*Marilyn Vecchio RN
via Internet*

Just wanted to say I think the magazine is GREAT! I read the first issue when I was really going through a burn out period. It helped pull me through.

*Stephanie E.
Cloverdale, IN*

Thanks for being on the 'Net. I really enjoyed reading your tales from the lines. Health professionals should know that the real reason we keep our wits about us is because of the humour we see in various situations.

*Jane Townsend RN
via Internet*

Thank God there are survivors! Just when I was convinced that humor in the medical health care field had crashed and burned, I find out that there is organized resistance to stress and burnout. As a student nurse, you have given me a booster of the funny

bone with a prescription of laughter. Thank you, thank you, I will continue on . . . humor works!

P.S. In the past, during classroom and/or clinical, I have found myself saying (to myself), "Help me O-Be-Won-Kee-No-Be." Now it will be, "Help me JNJ."

*John A. Callahan, SPN
West Hartford, CT*


Although I am not a member of the medical profession, I have a close connection with others who are. I teach a class in advanced composition through George Mason University—my class is a special one for nursing professionals working towards 4 year degrees. This class has been one of the most delightful groups I've taught in a long time—could it be their "sick" humor? I love it—and I am so glad I found your magazine. I have passed the information about your journal to my nurses; I think they should all subscribe. Next time I teach this class I might consider asking my students to subscribe so that we can discuss the articles and cartoons you publish. Keep up the good work—they need all the support we can give them.

*Mary Lou Crouch
via Internet*

We have a dog-eared copy of JNJ on the unit that just won't die. Everyone has to pick it up!

*Philip B. Yarbrough
via Internet*

I am a volunteer firefighter and an EMT. When I get done with



my JNJ I pass it on to our nurses and doctors at the hospital we take all of our patients to. They all think the world of the book. On tough days in the ER it does relax a lot of the tensions and brings a few laughs. Thanks, and keep up the good work.

*Joe Tyboroski, EMT
Northfield Village, OH*

I was surfing the Net for info on bone cancer, since a coworker was recently diagnosed with this. Call-Lites came up, so I printed them out and took them up to my friend in the hospital. What a boost! She really needed some humor at that point. Let's face it, radiation and chemo are not fun. Thanks for providing an uplifting moment for a fellow nurse whose life had just turned upside down!

*Georgene Huguley
via Internet*

I had a patient today who was accompanied by his wife who frequently volunteered information for her husband in a second person sort of way. When I got to the surgical history she stated, "We had a vasectomy in 1966." I came back with, "and was it painful for you, too?" We all had a laugh.

Yesterday I was interviewing a drunk and he was having a hard time getting his words out. I started asking him about his drinking. "What's your favorite brew?" I asked. "Is it beer?"

He mumbled back something unintelligible.

"Is whiskey?" I countered. I got the same unintelligible reply and this time he sounded more frustrated.

"Is it wine, what is it?" I persisted.

Finally he managed to blurt out "S**T!"

I replied, "I sure hope not!"

I'm an MD who enjoys your Web page immensely!

*Don Mansell, MD
Paradise, CA*

The stories are great. I really enjoyed In The Code, especially since I am currently in my first psych rotation as a nursing student. I can actually picture some of our patients threatening to throw a radiator at one of us.

*Denyse
via Internet*

I've heard a lot about this magazine and now I've found you on line! What a scream! This is very new to me (the computer). I love the magazine and now that I know how to find you consider me hooked! Keep it up. Nursing needs more light moments.

*Dori Duckworth RN
via Internet*

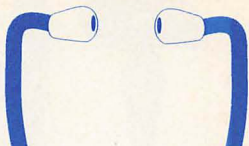
I am known at work (in an ED) for my evil sense of humor. Glad to see I'm not alone!

*Lisa Winters
via Internet*

Me and another guy from my nursing classes laughed practically non-stop as we read the cartoons, Call-Lites, and Student Nurse Cut-Ups. This magazine is just what nursing needs, a little humor. Keep up the good work!

*Steve Bartz
via Internet*

God Bless you in all you're doing for cancer patients! I used to work in a long-term care



facility (mostly terminal CA patients) and I've often reflected on the value of a sense of humor (and compassion) have made with these people. Many lost, but none forgotten.

I am a male R.N. and often times the basis of gender is considered in nursing care. Speaking for myself, I have shed many a tear in the death of patients. Call me weak, if you will, but compassion is the epicenter of our profession. To feel any less is to deny the profession, and what we should hold dear. Humor is the most understated and unappreciated (unappreciated only by those of our peers or superiors) aspects of nursing. To be totally "physicalbiopsychosocial" adaptive is our job. Humor fits into all categories. Best wishes on continued success.

*—Geiger
via Internet*

Just wanted to let you know I can really relate to some of your articles. Especially STEP CPR. Please keep up the good work, I enjoy surfing in on the Net for the latest updates.

*Vicki Philipps
via Internet*

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The Nurse's Bladder

by Pauline Donnelly, RN, BSN



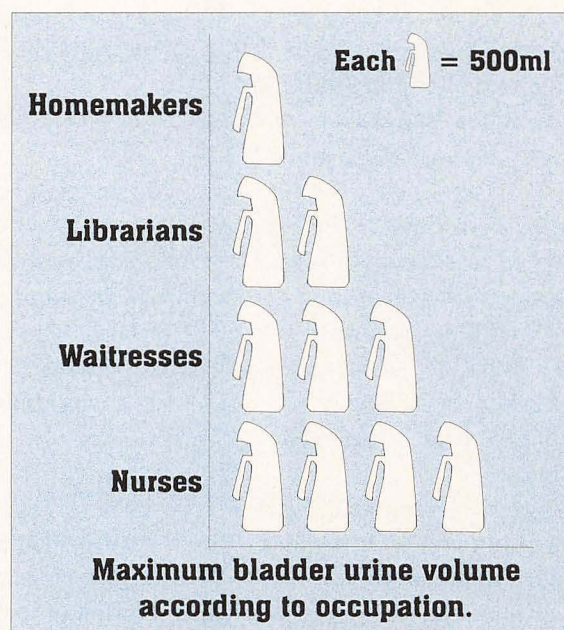
Mr. Jones keeps putting on his call light. At two o'clock he grumps, "Sorry to interrupt your lunch break, honey, but I need some *attention* around here!"

You growl back, "Lunch?! What's lunch?! I haven't even had a bathroom break, yet! Slide over on that bedpan, if you think I'm kidding, buddy!"

At 2:15 your head nurse asks you to work on a project to prepare for JCAHO as you disentangle yourself from one of the six IV piggybacks wrapped around your neck. You bargain with her, "Tell you what! I'll trade you one *Sex After Bunionectomy* teaching aide for one bathroom break."

At 2:30 Dr. Donaught asks you to, "obtain Mr. Jones' chart," which is three feet away from him. You finally snap, "Do you mind terribly if I pee first?!"

Do these sound familiar?



According to Hugo First, PhD, RN, the torture of a constantly full bladder afflicts 99.3% of all nurses. His research titled, "Wee need: Anxiety states and the need to exercise frequent micturition behaviors" first noted that nurses differ from the general population in frequency of urination. Dr. First's wife, Mia First, RN, BSN, MSN, PhD, BFD concurs, but the bulk of her research is, like most of that in *The Journal of Embarrassing Nursing Research*, inconclusive.

Other references cite the work of Uri Nalsis, MD, who shows that nurses' urine differs significantly from that of non-nurses. It is highly concentrated (specific gravity 2.4) and heavily laden with bacteria and substrates of caffeine, glucose, artificial sweetener and dairy substitutes. The aromatic odor suggests a Folgers/Pepsi combination.

The most comprehensive study to date, however, is that of I. Goddago, MD. He first noted peculiarities in nurses' urinary tracts while doing cystograms, IVPs and renal angiograms for honeymoon cystitis. (He was going through his third divorce and needed extra cash.)

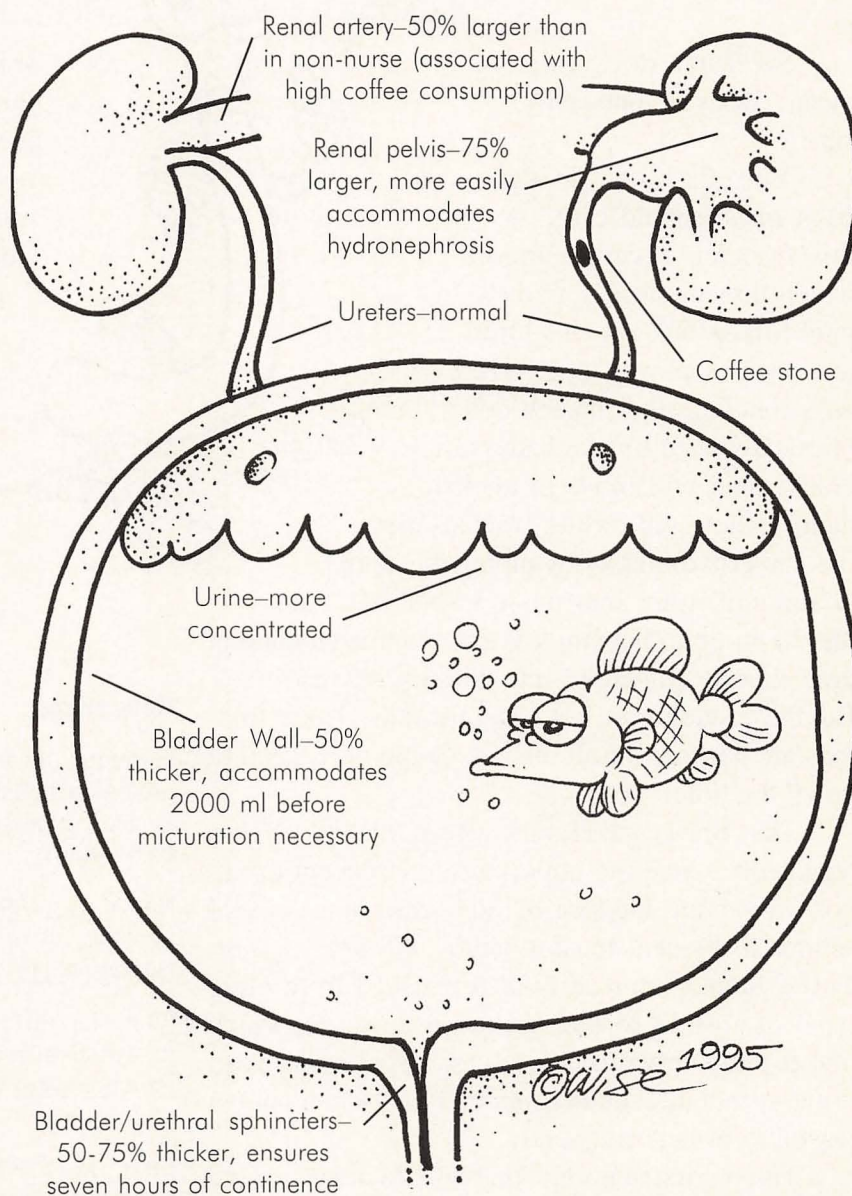
The most blatant abnormality is the huge bladder (see diagram). Partially a result of heredity (ever notice how many nurses have relatives who are nurses?) and partially adaptation, the increased bladder wall thickness combined with the high contractile potential provides a very strong container of almost limitless surface area. This bladder can easily accommodate 2000 ml. A "trained" bladder can accommodate more urine, as demonstrated by cystoscopy. Training is apparently a function of time and degree of stretch. Therefore, the veteran nurse can "hold it" much

longer than the novice.

Angiography demonstrates, on average, a 50% larger renal artery, which is closely associated with coffee consumption. However, a cause and effect relationship has yet to be established.

While performing IVPs, Dr. Goddago noted a high incidence of hydronephrosis. Again, this may or may not be the cause of the enlarged renal pelvis.

Microscopic tissue examination shows cellular hypertrophy (50-75%) of urinary and urethral sphincters. This is essential when trying to retain two liters



Note: Organ shown smaller than actual size, although size of organs in relation to one another is proportionately accurate

of urine without embarrassing accidents. In conjunction with this finding, pathological examination of nurses' bladders reveals fewer sensory stretch receptors, resulting in decreased awareness of bladder fullness.

As might be expected, nurses who experienced childbirth, were obese or developed cystoceles had a lower bladder capacity than nurses who did not. Male nurses were not included in any of these studies.

So what does this mean? Does anyone really care?

You, the nurse in the front lines, should care. As this research becomes more widely disseminated, some hospital MBAs will use this information as a power tool. They will conclude that nurses don't physically need to take bathroom breaks, and will move to abolish them. They will torture troublesome (i.e., assertive) nurses by piping the sound of running water into nurse's stations. And they'll propose that employee restrooms on nursing units can be converted into administrative offices. But these studies are not generalizable. These findings are not true for all nurses. Some of us need to go all the time!

Drs. Nalsis and H. First affirm this. Dr. Nalsis repeatedly stated the importance of frequent urination to rid the bladder of high concentrations of solutes to prevent the formation of *coffee stones*. Coffee stones are readily distinguished from other types of uroliths by their unique bean shape, which makes them very difficult to pass. Susceptibility to urinary tract infections is another well-documented reason to urinate frequently.

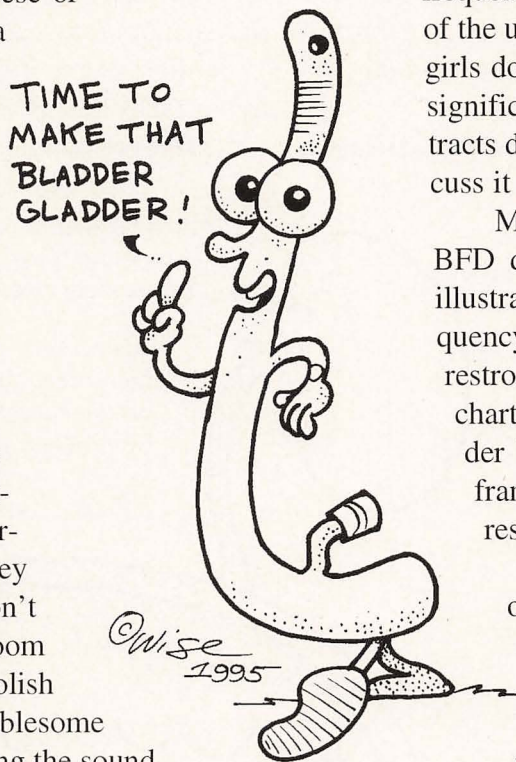
Hugo First reported that full bladders create anxiety. Nurses who don't know when they will be able to empty their full bladders become even more anxious, leading to irritability, lack of concentration,

emotional fatigue and a peculiar cross-legged gait. He describes this as the *need-to-wee anxiety state*. When this state continues day after day, there is a positive correlation with an increase in critical incidents, absenteeism and Workman's Comp cases.

Dr. Goddago supported the need for frequent urination, saying, "The structure of the urinary tract is sorely stressed when girls don't pee." He then downplayed its significance, adding that, "Healthy urinary tracts don't generate revenue, so why discuss it with the patient?"

Mia First, RN, BSN, MSN, PhD, BFD designed an attractive matrix that illustrates the relationship between frequency of urination and friends who visit restrooms together. Unfortunately, the chart only demonstrates how lovely powder blue and lavender can look when framed in black. She concludes her research with, "I draw no conclusions."

As nurses, we need to fight for our right to pee. Back your stand with scientific data. Use this research to support your demands for more breaks, more bathrooms and more soft floral toilet tissue.



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Nursing Admission Note

by Melissa M. Jost, BS, RN

Name: Brown, Charles



02/26/96 D. Pt is a 20 yr. old white single male here on 96 hr. commitment from hospital ER after attempted suicide. Pt says, "I was just out flying my kite. This is all a misunderstanding." According to Pt's mother, Pt was discovered hanging by a tangled mess of kite string in the tree in the front yard in an attempted suicide after being called "Block Head" repeatedly by his peers on his college baseball team. Pt claims that he went out to fly his kite to release tension, and the "Kite Eating Tree" attacked him, as it usually does. This time he fought back and got tangled in the rope. He denies suicidal ideation or plans. Pt's rope burns were treated in the ER. Pt has sought counseling in the past at the neighborhood clinic, where he saw Doctor Lucy VanPelt. He denies any drug or ETOH use and has not been on any meds previously. Pt's only significant medical history was a broken ankle (August '93) from sliding into home plate incorrectly. He has no residual difficulty from the injury. Pt comes from a middle-class family. He reports that his younger sister Sally was diagnosed as Bi-Polar with Borderline tendencies three years ago. He has been employed at the community park part-time since age 16. He completed High School and is on a Baseball Scholarship at MU. His thought content is paranoid and suspicious especially when discussing the "Kite Eating Tree." Thought process is normal. Speech is normal in rate and volume. Affect is very angry but has been able to maintain control and is cooperative. Belongings search done. Knife that he used to cut the kite string was deposited with Security.

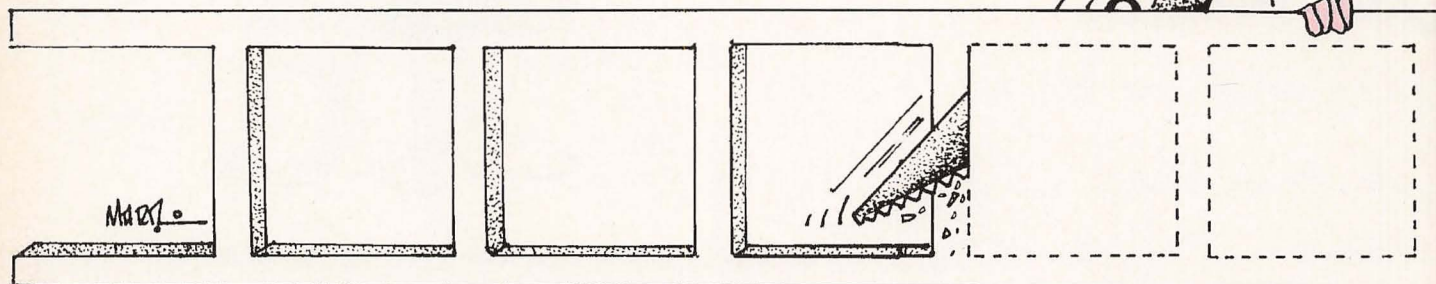
A. Angry - Paranoid - Cooperative. Demonstrates ineffective individual coping.

P. Monitor and document sleep, mood, appetite, behavior and any suicidal ideation or gestures. Set limits PRN. _____ Peppermint Patty, RN

I work in an acute care psych facility with a number of new grads and people who are new to the system. We were having some trouble with admission notes containing all the information they should in an organized fashion. I created this little cheat sheet that we can all refer to when we write our notes. So far it has worked great. M.M.J.

Clinical Ladders: Giving Nurses a Step Up

By Susan L. Fletcher, RN, BSN



The role of the nurse is ever-expanding and the Ketchup Clinic in Rock Chester, Georgia is helping nurses adapt to the new challenges. With the introduction of the Ketchup Clinic's new Clinical Ladders Program, nurses are facing the horizon with confidence.

Ketchup Clinic's Director of Nursing, Sally Jelly Rationale, RN, BSN, MSN, DDS, DVM, first realized the need for Clinical Ladders when she found one of her staff nurses standing on a chair to repair a patient's television.

Ms. Rationale wiped a tear from her eye as she remembered the day. "I looked in that room and saw my staff nurse risking life and limb to fix that patient's television and I just knew I had to do something to help my staff," she wept. It was from that touching moment that the Clinical Ladders Program at the Ketchup Clinic was born.

Clinical Ladders come in various sizes, from the short Clinical Step Ladders to those great big Clinical Extension Ladders. The size of the Clinical Ladder used depends on the task involved.

For instance, the nurse previously mentioned probably could have used a Clinical Step Ladder when she repaired her patient's television. The risk of injury is significant when the nurse uses a rolling

chair from the nurse's station, but is somewhat lessened when a hardback chair is used. Still, using a chair for this task is not appropriate, says Ms. Rationale, because of the risk of injury to the nurse, as well as the risk of breaking a costly television when the nurse loses her footing and crashes into the screen.

Ms. Rationale also noticed staff trying to get bags of IV fluids from very high shelves. The nurses balanced precariously on flimsy shelves trying to reach the IV bags. If only they had used a Clinical Ladder!

Not only does a Clinical Ladder protect the nurse, but it decreases the chance of breaking those expensive bags of fluids. And, Ms. Rationale notes, a nurse in a body cast is extremely unattractive and takes much too long to complete her patient care.

With staff cutbacks, nurses' roles are greatly expanding. When a nurse reports to work, she may find herself assigned the shift window-washer position. That's when a great big Clinical Extension Ladder comes in handy. In a ten-floor hospital like the Ketchup Clinic, Clinical Extension Ladders are a necessity!

The Ketchup Clinic introduces nurses to the Clinical Ladders Program immediately upon hire.

The Ketchup Clinic boasts the largest variety of Clinical Ladders in the nation, which is one reason there is a waiting list to work there.

Ms. Rationale explains, "Our nurses know we really care about them. Our innovative Clinical Ladders Program is just another way to show we care."

Willie Chit, RN, esteemed member of the Ketchup Clinic's Code Brown Team, admits he was once skeptical about the Clinical Ladders Program.

"I'm pretty tall, 6'2" to be exact, so I couldn't see a real need for the Clinical Ladders Program. That was before I got assigned to be shift window-washer. We used to throw a rope off the top of the building and had three of our strongest nurses hold it while the other one washed the windows. Man, was that ever dangerous! Now it's much safer and the

other three nurses can spend more time on patient care. Ms. Rationale sure looks out for her nurses!"

Twin sisters Ima Poop, RN, and Ura Poop, RN, also esteemed members of the Ketchup Clinic's Code Brown Team, recall the week they were assigned to paint the hospital.

Ima recalls, "I don't think we would have ever gotten the job done if it hadn't been for those great big Clinical Extension Ladders."

Ura agrees, "I'm all for an expanded nursing role as long as they give us the appropriate equipment to use. I was one of the unfortunate ones who had to wash the windows before we got the Clinical Ladders Program. There's no way I would hang on that rope to paint the hospital. There are just some things a nurse won't do."

And Clinical Ladders aren't just functional, they're darn attractive, too! Clinical Ladders come in several fashion colors. Forget that traditional white stuff. The Ketchup Clinic cares about the fashion-conscious nurse.

There are, however, problems associated with the Clinical Ladders Program. For one thing, it takes a lot of space to store all the ladders. Then there are the doctors who get their underwear in a wad when nurses know how to do something they can't do.

And, believe it or not, there are even nurses opposed to the Clinical Ladders Program. They're the ones who say, if you start giving Clinical Ladders

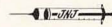
to nurses, the next thing you know, they'll all leave the field of nursing to become carpenters, painters and peeping-Toms. They think if nurses find out how much fun it is to work with Clinical Ladders, they may seek professions and/or hobbies requiring extensive use of ladders.

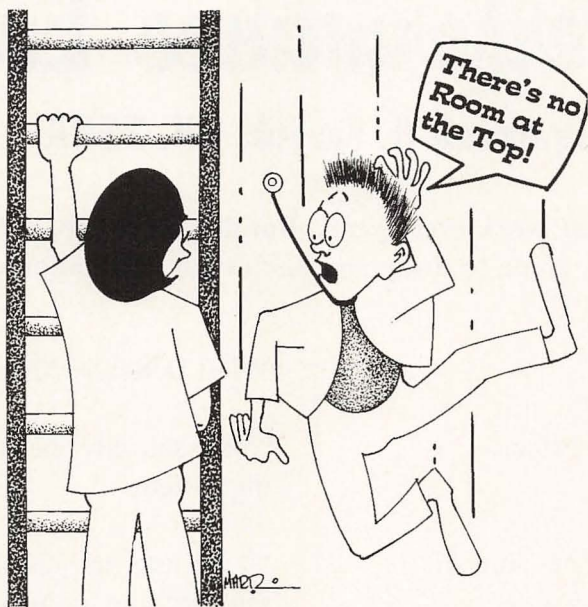
Sally Jelly Rationale, RN, BSN, MSN, DDS, DVM, doesn't agree with the critics. "Our nurses know we love and respect them. That's why we work

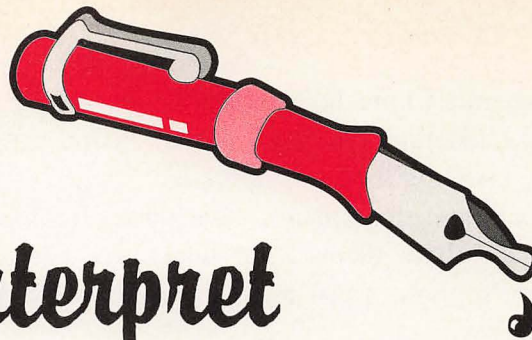
so hard to provide equipment such as Clinical Ladders. We use Clinical Ladders because we care about the health and welfare of our nurses. Why would they want to go elsewhere?"

Willie Chit, RN, agrees. "Me, leave the Ketchup Clinic to become a carpenter? How many carpenters get to work with Clinical Ladders AND feel the adrenaline rush of a critical Code Brown?! Heck, I get to do both everyday at the Ketchup Clinic. I'd be nuts to leave!"

Hospitals in the metro-Mylanta area have already begun to copy the Ketchup Clinic's successful Clinical Ladders Program. Just last week, Memory University Hospital ran a full-page ad in the Mylanta Constipation introducing its new Clinical Hammers Program. It seems they are supposed to crush pills more effectively and decrease the chance of having a doctor yell at you. The ad reads, "Just let your hammer do the talking to those unruly doctors."

As always, *JNJ* remains your source for news from the Ketchup Clinic. Stay tuned . . . 





How to Interpret Nursing Performance Evaluations

by *Andrea H. Sangrik, RN, BSNA*

Your manager evaluates your work every year. But do you really know what those comments say about you? Use this handy guide to decipher the nursing evaluation code and learn how to read between the lines!

Evaluation Comment

"She is an asset to this nursing floor."

"He is always eager to learn new things."

"He is always on time for work."

"She works well with other members of the health care team."

"She is open to new ideas from her coworkers."

"He is sensitive to the needs of his patients."

"She handles the questions and concerns of family members very well."

"He seems to have found his niche on this floor."

What It Really Means

"She's the only one who understands our new charting system."

"If he asks me one more question, I'm going to sentence him to thirty years hard labor on the geriatric unit."

"He participates in the partial hospitalization program on the psych unit, and only has to ride up one floor to get here each morning."

"They are afraid of her, so they do whatever she tells them."

"She won't make one decision without consulting the other nurses, the ward secretary and the night shift housekeeper."

"He forbids them to ring their call bells, unless they are dead."

"She gives family members the home phone number of the doctor in question and tells them to ask him."

"I'll dedicate the med room to him, if he'd only transfer to another department!"

"He frequently volunteers to attend Quality Improvement meetings."

"She has made a strong commitment to teamwork on this unit."

"He always finds time to talk with his patients."

"She is very reliable and volunteers to work extra hours."

"He shares innovative ideas with his coworkers."

"She is a very enthusiastic worker."

"He found a great way to stay off the floor when it's busy."

"She's buttering me up so I'll switch her to the day shift."

"He disappears for at least six hours into their rooms each day, and no one can ever find him."

"Can you believe her mortgage is three thousand dollars a month, and she has two kids in college?"

"He throws a temper tantrum if he can't get his own way."

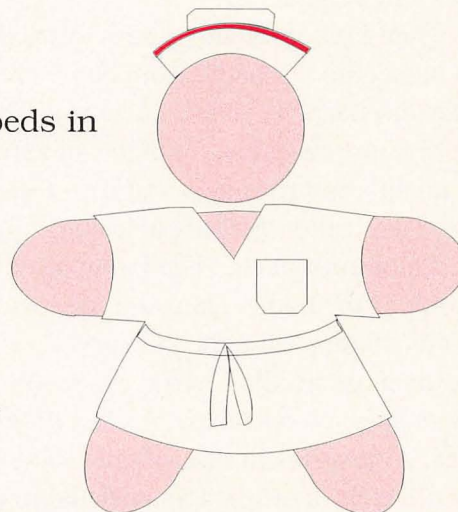
"She runs around in circles for the entire shift and never finishes anything."



Top Ten Pet Peeves of Night Shift Pediatric Nurses


By Ellen Lim, RN, MSN

1. Baby who wet burps on white uniform.
2. Baby whose greenish, mucoid stool forever embeds in our pant legs.
3. Child who spits back his pink, sticky medicine all over our faces, necks and chests.
4. Child who's stronger than the nurse.
5. Child who beats the nurses at Nintendo games.
6. Nocturnal children and nocturnal parents.
7. Parent who glares at the nurse whenever the child awakens during vital signs.
8. Parent who snores.
9. Parent who's constipated.
10. Ward clerk who sleeps half the time.



A Day In The Life of A Burn Nurse

by Joyce Dupuy, RN, MSN



The day starts when dawn cracks. That's about 5 a.m. First, I put my feet on the floor. Then I drag my body out of bed. I spend about an hour in the bathroom bathing, getting my hair and face just right. Next, I don nice clothes, all the time realizing that after five minutes in scrubs and cap, the whole effect will be gone.

Then I run through, as does every good critical care nurse, the discharge from home checklist. No, not the discharge TO home checklist. The discharge FROM home checklist. I got the idea from continuous quality improvement (CQI). Here are some things I can't even *think* about leaving home without:

The fanny pack. The fanny pack includes all the tools of the trade. There are scissors, three kinds of Kelly clamps (straight and curved, of course), an assortment of needles, syringes, needleless system components, blood tubes, alcohol wipes, a screwdriver, an assortment of chest tubes, a defibrillator, multiple vials of drugs, a Spanish dictionary, and, of course, the latest edition of Core Curriculum for Critical Care Nursing for those quiet easy reading moments. And five red jelly beans. Yep, it's all there.

Beepers. I have two of them. One is good, two is better. I want the whole world to be able to reach me. Nurses are reachable. Two beepers means that you can break up the meeting for quite some time trying to figure out which one is beeping. Two

beepers—yeah, I've got them both.

Large urine collection bags suitable for attachment to either leg, because there's always one more thing to do before you can take a break. I have the new kind with Velcro strips for ease of application. Yep, it's on and secure.

An extra pair of hands for those times when two hands are not enough. Oh, there they are. Just can't do without them!

Lunch pail. There's only one *real* nurse's lunch pail. It's lavender, not purple. It's a Hermann Lunch pail. Classy and large enough to bring several meals for those twelve hour shifts. Nurses bring lunch pails, but they don't necessarily eat from lunch pails. They bring salads, tea, and fruit but they eat pizzas and takeout Chinese. And popcorn or jelly beans for dessert.

Burn patients need to consume large quantities of protein and calories. Burn nurses need to set good examples, so, we eat large quantities of pizza and takeout Chinese. Diet Coke is also consumed because many of us are on diets of one type or another. That cancels out the calories in the pizza. Yep, the lunch pail is lavender and has a nice plastic salad in it. Perfect!

Discharge checklist complete, signed and documented. I file it in the file cabinet for CQI spies lurking in the shadows. The CQI Spies will never get me! I am now ready for the road. The ten mile trip

only takes an hour in Houston traffic. Ah, the smell of motor oil; the friendships made at traffic accidents; the exhilaration of crossing multiple lanes of traffic with only nine feet between cars; and the new expressive words one learns from others on the trip . . . It's just too wonderful for words.

I arrive just in time to clock in—never a minute early or a minute late! Jump out of my good clothes and don my lovely scrubs. Why did I take so much time with the make-up and hair? I forget.

The assignment ledger tells me who I will be caring for today. The night nurse gives me report on my patients. This nurse gives a long-winded account of the diarrhea Mr. Brown had last night. Color, amounts, number of times and consistency are all detailed over and over again. Visions of defecation are dancing in my head. Only nurses could do this. Praying that Mr. Brown will be corked for awhile, I thank the night nurse for her diarrheal dissertation.

Taking care of patients is the hardest, most stressful, yet the most pleasant part of my day. I love people. After report, I visit and assess each of my patients. Mr. Brown smiles weakly at me. I assure him that he can catch up on his rest this morning. I'll put him last on the list to shower. I make mental notes on each patient to help organize the day. The physicians arrive about the time I am finished and promptly change everything. Could they please see Mr. Brown's burn wounds in the shower in a few minutes?

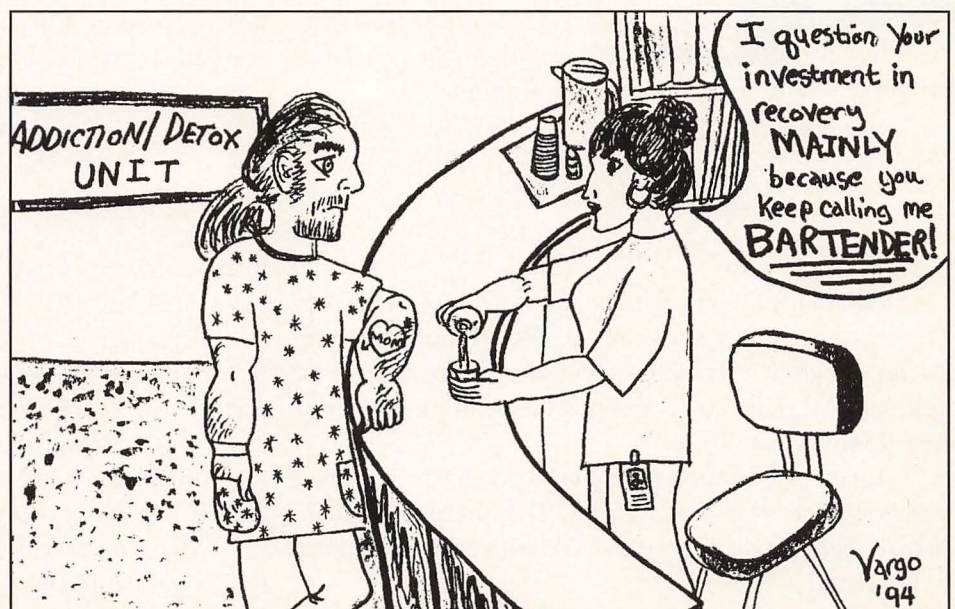
"Sure," I reply, wondering how I'll ever talk Mr. Brown into it. Fortunately, Mr. Brown has had another stool and is looking forward to a bath. He is quickly medicated and ambulates to the shower. An hour later, clean and shining, he returns to his room. "I'm going to bed," he states firmly. I help him into bed, since a good nurse knows when to encourage exercise in her patient and when her life is in danger.

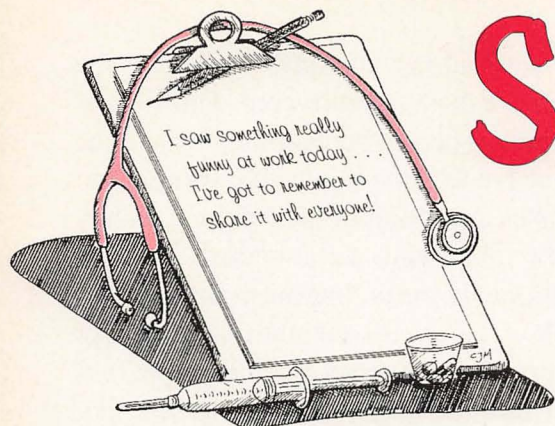
Next is Mrs. Oldtimer.

She has just removed her nasogastric tube for the 87th time. I believe that is a new record. I go into her room to congratulate her for her world's record. She is a bit confused but tells me to send her winnings to her son. He takes care of all of her bills and money now, you know. Restraints do not help keep Mrs. Oldtimer's right hand from pulling out the nasogastric tube. Since she really needs the nutrition from her tube feeding to heal, I try once again to explain to Mrs. Oldtimer that she needs this tube back in her nose again. She smiles sweetly and states, "Rose, oh yes, I love to smell roses."

After assembling all the equipment I will need, I take out my extra pair of hands. Boy, am I glad I didn't forget those! Velcroed on and secure, I begin to reinsert the NG tube. Mrs. Oldtimer is trying to sneeze it out and whipping her face from side to side. Please hold still. The tube goes in. The tube comes partially out. The tube goes in and, with my third hand, is taped in place. My fourth hand quickly restrains her right hand and we're finished. Mrs. Oldtimer is smiling sweetly and asks, "Did I win again?"

The shift goes quickly. I forgot lunch. Oh well, I'm really on a diet anyway. I'll just eat when I get home. My husband or kids will have prepared a gourmet meal for me. Yeah, sure. Guess I'll just use my extra pair of hands to cook that meal. Then I'll reflect on my day at twilight.





Stories From The Floor

Worse Than I Thought

Sara Needham, RN

A resident walked into the surgical suite, looking for Mr. Wilson's history and physical form. It could not be located and the resident set off to look for it in pre-op. As he left, I found the form and ran after the resident, calling "Mr. Wilson's history, Mr. Wilson's history."

Mr. Wilson, who was being wheeled down the hallway, sat bolt upright on his gurney and cried, "Lord, I didn't know a broken ankle was that serious!"

Just Another Night

Marilyn Law, RN

One cold winter night, I noticed one of my patients had dry, chapped lips. "Do you need some lubricant for your lips?" I asked.

"What did you say dear?" she asked.

I rephrased the question. "Do you need some Vaseline?"

She replied, "Oh no, dear, I'm a widow."

Use Velcro Gloves

Kerri Lynn Hilbert, RN

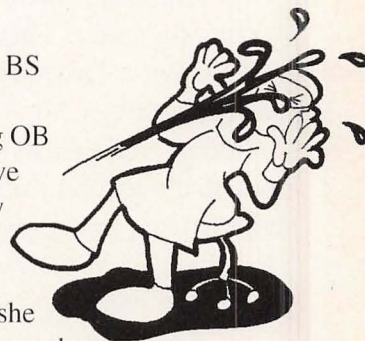
One of my favorite medical cartoons depicts a group of surgeons standing around an OR table. They are staring down at a lump on the floor. One surgeon is yelling, "All right, so he dropped the heart on the floor. The floor is clean, isn't it?"

I gave the cartoon to my co-worker whose father was going for open heart surgery. They liked it so much that her father went down to the OR with the comic taped to his chest!

It's All Karma

Jeanette Buelow, RN, BS

One Sunday I was covering OB when a woman arrived in active labor. Even though she was nearly complete, her physician demanded a stat enema. Immediately after I gave the enema she began to crown, so we put her on the delivery table. Just as the physician sat down at the foot of the table, the patient expelled the enema with great force! My mask hid my large smile.



He's Got a Point

Steve Magnum, RN

While admitting a paranoid, delusional man to our psych unit, I apologized to him before I asked, "Are you heterosexual, homosexual or bisexual?"

The patient got very upset and said, "Didn't you hear me before? I'm a virgin. I don't know, I haven't had sex yet!"

I'm Protected

Laura Stalion, RN

A doctor asked an elderly gentleman during his H&P, "Sir, do you have intercourse?"

The patient looking bewildered thought for a moment. "You know, I don't know. I'll have to ask my wife."

To the amazement of the doctor, the man proceeded to the waiting room, located his wife and asked, "Honey, do we have intercourse?"

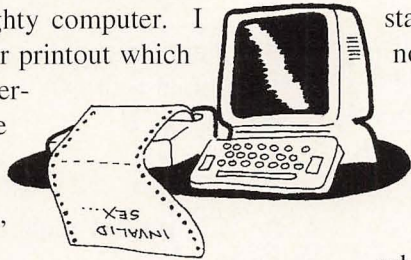
The wife responded with indignance, "Herman, I told you and told you, we have Blue Cross, Blue Shield!"



Hah! Gotcha!

Marion Jackel Wilson, LPN

Nowadays, every aspect of our lives seems to be affected by the almighty computer. I recently received a computer printout which indicated the errors in a personal record I prepared. One particular notation was more than I could deal with. It simply stated: "Invalid Sex."



I Love You ...

Gayle Barko, RN

A precocious four year old was brought to the ER with a chief complaint of cough and difficulty breathing. She kept up a non-stop conversation while I was trying to assess her heart rate and lung sounds. Finally I said, "Shhh, I have to see if Barney is in there."

The child looked at me and calmly stated, "I have Jesus in my heart. Barney is on my underwear."

Powerful Thirsty

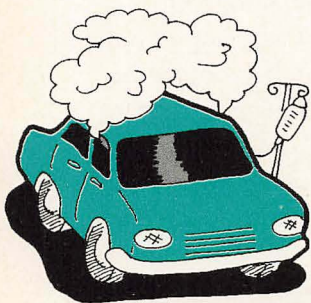
Judy Fujimoto, RN

The resident had a very tiring evening on call. As he was leaving surgical ICU, he picked up a glass from the ward clerk's desk and slugged the beverage down. He then yelled, "Shit!"

The ward clerk said, "No, Pee!"

Alternative Medicine

Joan Oliver, RN



One evening, our security staff noted a particular car in the parking lot. Next to the car was an IV pole, with the tubing leading to the inside of the car. They investigated and found one of our young vascular patients who was scheduled for surgery the next morning. He was smoking pot with a friend to relax.

Cubic Meconium

Marcene Saxman, RN, MS

A question from a new mom during the first bath: "What should I use to get that sticky black zirconium off of the baby's bottom?"

Cry of the Wild

Brenda Newell, RNC

I was helping on a busy Ped floor, when an infant started to scream. It was a "if you don't feed me right now, I'll burst your eardrums" cry.

I asked what kind of formula to give and a nurse responded, "It's in the fridge, top shelf." I looked in the fridge but there was no formula. By now, other patients were complaining about the screamer.

Exasperated, I said to the nurse, "Just tell me what it is and I'll make it myself!"

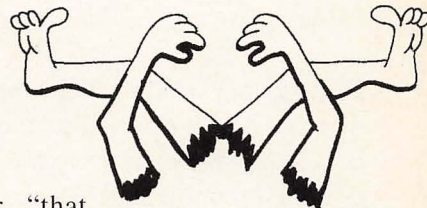
She said, "I don't think so, Brenda. It's breast milk."

Way Too Literal

Kerri Lynn Hilbert, RN

We were discussing adult day care in a team manager's meeting. Our assistant director of home health stated that it, "costs people an arm and a leg" to attend day care these days.

"Gee," I told her, "that means you could only attend twice!"



My Most Embarrassing Moment

Elaine Gamble, RN

I worked the midnight shift with a very precise LPN who did her patient care to the letter. A new patient had an order for continuous warm compresses to the scrotal area. Ms. Precise went into his room each hour, turned on the light, checked the compress and changed it. After the third time, the patient complained about the light. Ms. Precise decided she would just go in and feel the compress the next hour.

About four a.m. we all heard a very loud male voice call out, "What the Hell is going on?"

She had gone into the wrong room.

Stories From The Floor is a regular feature in the JNJ. Send your funniest true stories (50 to 200 words) to us at JNJ SFTF, Mark Darby, RN, 2917 N 49th St., Omaha, NE 68104. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.

Medical or Surgical?

By Lee Johns, RN

Are you a staff nurse considering a future in critical care? Have you heard that nurses in Medical ICU know everything and can't do diddly while Surgical ICU nurses can do everything but have no idea what's going on? (ER nurses know everything and do everything.) Do you prefer teaching or auto mechanics?

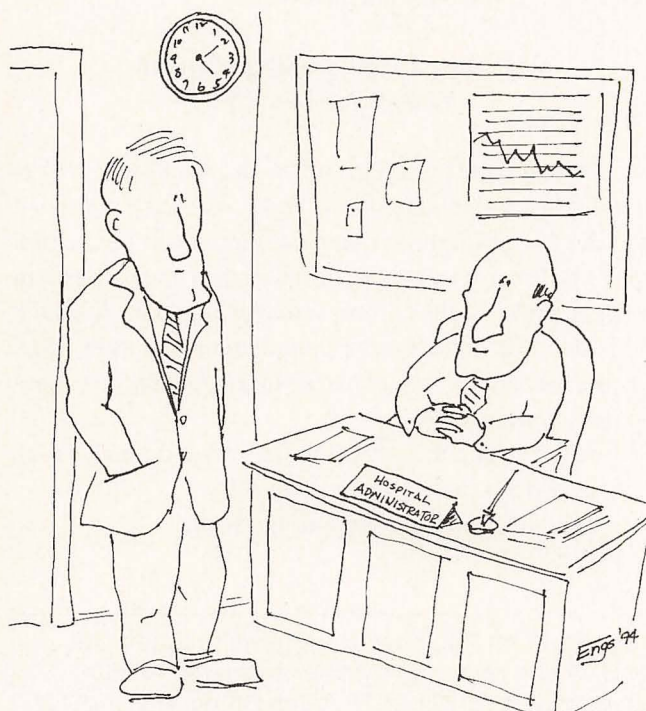
Now the Society of Intensive Credentialling for Unit Personnel (SICUP) has developed an aptitude test for nurses, to help them identify the unit most appropriate to their talents, skills and interests. See where you fit in:

1. When the alarm goes off on a ventilator, what do you do?

- a. turn off the alarm
- b. call the doctor and start CPR
- c. initiate a care plan for Alteration in Respiration

2. A patient with an NG tube needs:

- a. a can to collect the drainage
- b. 30 cc of Mylanta every four hours
- c. a care plan for Alteration of Gastric Passageway



I'm proud to report that the cost containment committee has concluded that the hospital can save \$1,873,536 per annum by simply using our pink ladies as nurses.

3. A patient on a balloon pump needs:

- a. three-point restraints
- b. to go to SICU
- c. a consent

4. An ICU patient requires what essential pieces of equipment?

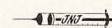
- a. ventilator, balloon pump, ARTline, Swan, NG, Foley, J-P drains
- b. a monitor
- c. a care plan within 24 hours

5. Mr. Henry is a 59 year-old diabetic with PVD who had a CABG two years ago. He lives with his mother. He has a history of smoking 5 packs a day for one year. All the men in his family died of prostate cancer and the women died of Wolff-Parkinson-White syndrome, except his wife, who is a 20 year-old blonde. He came in for a routine checkup with no complaints. His gases are 7.00 with a PO_2 60, SO_2 100, PCO_2 60, HCO_3 60, MSO_4 60. His labs are WBC 20, HCT 20, HGB 20, PLT 20, Na 120, K 20, Cl 200, CO_2 20, Creat 20, BUN 20, Glu 20. What's his problem?

- a. He came into the hospital.
- b. The fact that he is a diabetic with a glucose of 20 shows that he overdosed on insulin and needs two amps of dextrose stat. His history indicates that he needs a 12-lead, CXR, Swan, nebulizer treatments q 4 hr, a coude catheter, and patient teaching about sex. He needs bicarb, three amps, a theophylline drip, a ventilator on room air, counseling and close monitoring for drug abuse, triple antibiotics, four units of blood that is hemoglobin-poor, 50 units of platelets, a Lasix drip, Kayexalate and Kaopectate, hypertonic fluids, rectal temperatures, and a DNR. His problem is that he's not on medications. After therapy is started, redraw the labs.
- c. Alteration of Respiro-Fluid-Grieving process.

If you answered "a" to all the questions, you belong in SICU. If you answered "b," you should be in MICU. If you answered "c," you belong in QA, Infection Control or Administration. If you answered some of each, go directly to Psych.

Has this test helped you decide?



JUST TRYING TO MIND MY OWN BUSINESS

BY BEVERLY J. SPIVEY, MD

I was at the hairdresser's, a place I rarely go. The woman had my head bent back into a sink, her hands deep in my hair. Little did I realize I was about to be hit.

"Someone told me you are a doctor . . ." she began.

"That's right," I said, tensing up.

"Well, I have this yeast problem. What do you think I should do?"

POW!

It seems everywhere I go, people want my advice. Free, of course. Ironical, isn't it, that most people can't get anyone to take advice. They're told to mind their business. Meanwhile I'm fighting off the free-advice junkies at every social setting.

In the first place, if one needs good advice the most recognized authority in this area is one's mother. She has experience, she knows you, and she's not paying malpractice premiums big enough to buy someone a new house every year. If Mother is unwilling, unable or unavailable, there are more than enough neighbors and friends longing for the opportunity to diagnose and treat the afflicted individual. I want to discuss important world issues like bad hair days, alien sightings and why the library book you really want is always checked out to someone else.

Then of course, there's the panel of experts. This is your best friend, your best friend's spouse, your cousin and the lady sitting next to you at the PTA meeting. Unfortunately, these people never seem to agree with one another. When distinguished experts cannot agree on whether you should have that bunion fixed, you are forced to seek professional

help. I get a lot of these requests, wanting me to be a sort of medical tie-breaker.

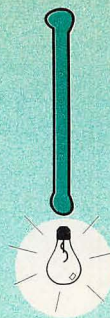
The general public seems to be under the incorrect impression that doctors eat, sleep and breathe medicine, all day and every day. Nothing could be further from the truth. Doctors, with the exception of a few misfits, eat, sleep and breathe golf. Misfits like myself, who don't play golf, try to impersonate ordinary humans. It never works, though. Like aliens whose thumbs are switched, we reveal ourselves. Then we get hit for opinions on the tie-breakers, aches and pains and articles from the Reader's Digest. All for free, of course.

Medicine is not my hobby. It's how I make my living. I'm willing to trade for free plumbing repair, for hairdos, possibly even for large bags of Cheese Doodles. But people always get huffy when I act like I want to get something in return for my services. So, I generally act stupid and pass the buck to someone else. This is easy to do because most people think other people's doctors are incompetent quacks, while their own doctors are wise and caring. (This is true. I read a poll.) I simply reinforce this notion.

As for the hairstylist, I considered an attempt at barter. But I'm not foolish enough to get on the wrong side of someone who has me bent backward into hot water. I told her to try the pharmacist. Pharmacists love to give out advice. If that failed, she could try her own doctor, a person of great wisdom and caring, I was sure. She gave me a so-so hairdo and charged me extra because, as everyone knows, MD means "million dollars."



Call Lites!



The JNJ Joke Collection

Walking across campus for her class' pinning ceremony, the young student nurse was holding her nursing cap with both hands while the brisk winds were lifting her skirt well above waist level.

"Janice," one classmate whispered, "everyone's staring. Hold your skirt down!"

"Listen," replied the student, "what they're staring at is twenty-two years old, and I just bought this cap yesterday."

Submitted by March Warn, RN, CNOR

Patient: You've got to help me. I have amnesia. What should I do?

Doctor: Go home and forget about it.

Submitted by Dorothy F. Stauffer, RN

Q: What do you get when you give a nun a dose of Senokot?

A: A religious movement.

Submitted by Kerri Lynn Hilbert, RN



Q: What is the orthopod's theme song?

A: You deserve a break today.

Submitted by Adrian C. Allen

Doctor: "Your gallbladder has to come out."

Patient: "Why? Is it loose?"

Submitted by Shari Potoki

Gynecologist: "You have a very clean vaginal vault."

Lady: "I should. I have a cleaning lady three times a week."

Submitted by Katrina Speight

Nurse: "Did you ever have trouble with vertigo?"

Patient: "Yes! Every time I come to these big hospitals, I have trouble figuring out vertigo."

Submitted by Helen Stucky Risdon, RN

"I had the toughest time of my life: First, I got Angina Pectoris, then atherosclerosis. As I was recovering from these, I got tuberculosis, pneumonia, and phlebitis. Then they gave me hypodermics. Appendicitis was followed by tonsillectomy. These gave way to aphasia and hypertrophic cirrhosis. I completely lost my memory with amnesia. I know I had diabetes and acute indigestion, besides gastritis, rheumatism, lumbago and neuritis. I don't know how I pulled through it."

"But at least you did."

"I had to. If I didn't pass the spelling test, I couldn't get the medical clerk job."

Submitted by Sheri D. Williams

Q: Why do some physicians give out large numbers of sample drugs?

A: So they can see the new drug rep every nine days and get free pads and pens.

Submitted by John Duncan, LPN

A traveling nurse on assignment to Kentucky had an encounter with a less than civil surgeon. The nurse mumbled to herself, "That doctors is a horse's ass."

"Watch what you say," said one of the regular staff nurses, "you're in horse country."

Submitted by Doug Fletcher, RN

Two psychiatrists:

"I have one fantastic patient with a multiple personality disorder."

"What's so fantastic about that?"

"Each of them pays the bill!"

Submitted by L.S. Howard, RN

A patient called her doctor and gave him a fifteen minute litany of complaints.

The doctor responded, "I will take two aspirin and call you in the morning."

Submitted by Max Baverman

Youth says: I can't wait.

Old age says: Wait, I can't.

Submitted by Carol Stumpf



"Doctor, when I press on my arm, it hurts. When I press on my stomach, it hurts. When I press on my legs, it hurts. What's wrong with me?"

"You have a broken finger."

Submitted by Sandy Ritz, RN

Q: What is the side effect of too many medicines?

A: Poverty.

Submitted by Hafdis Sigurdsson, RN

A patient missed her scheduled appointment. But she called the doctor's office to say she would be in when she felt better.

Submitted by Linda Olasov



Heard a funny nursing or medical joke lately? Send it to us! If we use it in Call Lites, you will receive 2 copies of the JNJ and a Limited Edition JNJ T-Shirt. Send your jokes to: John Baringer, JNJ Joke Editor, P.O. Box 2221, Tucson, Arizona 85702-2221.

NURSES' GAMES

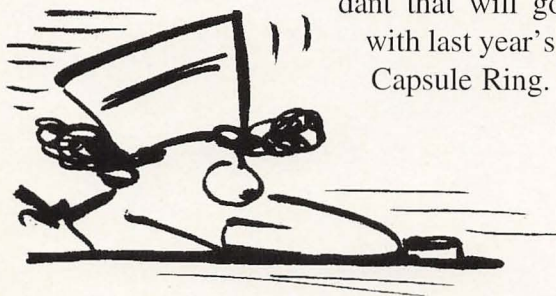
BY ELIZABETH KEY, RN, BSN



This year's annual Nurses' Games was an even greater success than the previous two, since it had more participants and no major injuries. The opening ceremonies started the Games with a colorful, boisterous air as the nurses marched into the cafeteria arena to the tune of, "Poop and Circumstance." Here are some highlights of the seven events, which tested fine motor, gross motor and gray matter skills.

Event #1: The Pill Push. Each participant must push, with her or his nose, a Bactrim capsule fifteen feet across the floor to the finish line.

Three-time champ Patty Proboscis, from the ENT clinic, won this year's contest. She stated, "the surface we used was much better this time. No rug burn." A new record was established, and Patty received a Golden Pill Pendant that will go nicely with last year's Golden Capsule Ring.



Event #2: Dosage Calculation. The first contestant to finish five problems with correct answers wins. Calculators are permitted.

This year's winner was Alberta Einstein, from the Pediatric clinic. "The problems weren't too tough," she said, "but I almost missed one before I realized that no one's rectum could hold a suppository that size." She won a pocket calculator engraved with the five Rs: Right patient; Right drug; Right problem; Right answer; Right now.



Event #3: Order Transcription. The person who wins this event most correctly transcribes a set of actual admission orders written by the surgeon our judges feel has the worst handwriting. Accuracy is most important in this competition, which has a time limit of ten minutes. No one was able to transcribe the orders completely. Recovery room nurse Vivian Steno beat out the others in what was the most frustrating of the seven events. "Oh, yeah, I know who wrote those orders," the winner said, "we've already told him he has to type his orders from now on or we'll break his fingers." Her prize was a dinner for two at a posh restaurant, where the menus are only in French.



Event #4: Bedpan Obstacle Course.

In this event, each participant must carry a bedpan full of pre-measured, harmless, yellow-colored liquid over a bed, around a food service cart, through double doors, into a dirty utility room and flush it down the toilet. The participant with the fewest spills and the quickest time wins, since spills result in delays for paging Housekeeping. However, style gets points, which gave the edge to our winner, Madge Palmolive, a pool nurse with a housecleaning business on the side. Paper towels and spray cleaner in her fanny pack, she said, "Heck, I just cleaned it up myself! Everyone knows it's quicker than waiting for a housekeeper!" Her prize was a dozen yellow roses in a gold plated urinal.



Event #5: Meal Snarf. This event is self-explanatory. The winner was Al Kaseltzer, from the GI clinic. "The trick is not to chew," he offered, "and to lubricate with lots of milk." His prize was a single

table setting, with a diagram of the Heimlich maneuver hand painted on the dinner plate.

Event #6: Sharp Throw.

This event is a modified dart game. The board is buttocks-shaped, and contestants lose points for throws that land in the crack or on the sciatic nerve. Ima Goodshot, an Ortho nurse, blew away the competition, hitting more butt's-eyes than anyone. "It's crude enough to use a butt as a dart board," stated the winner, "but did they have to make it so hairy?" Her prize was a syringe-shaped pen and pencil set, which writes in red.



Event #7: What's Wrong With This Picture?

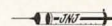
In this event, each contestant comes upon a contrived scenario and identifies as many problems as possible. This year's event involved a

dummy patient in bed with improperly tied restraints, siderails down, dirty linen on the floor, a non-diabetic snack (the patient had a diabetic alert bracelet on), Foley bag on top of the bed, a BP cuff on a shunted arm and other, more subtle, errors.

The winner was medical floor nurse Columbo Quincy, who not only found all the mistakes, but also found and revived a "Meal Snarf" contestant who had crawled into the dummy's bed in a postprandial stupor. Mr. Quincy received the *Murder, She Wrote* video library as his prize.



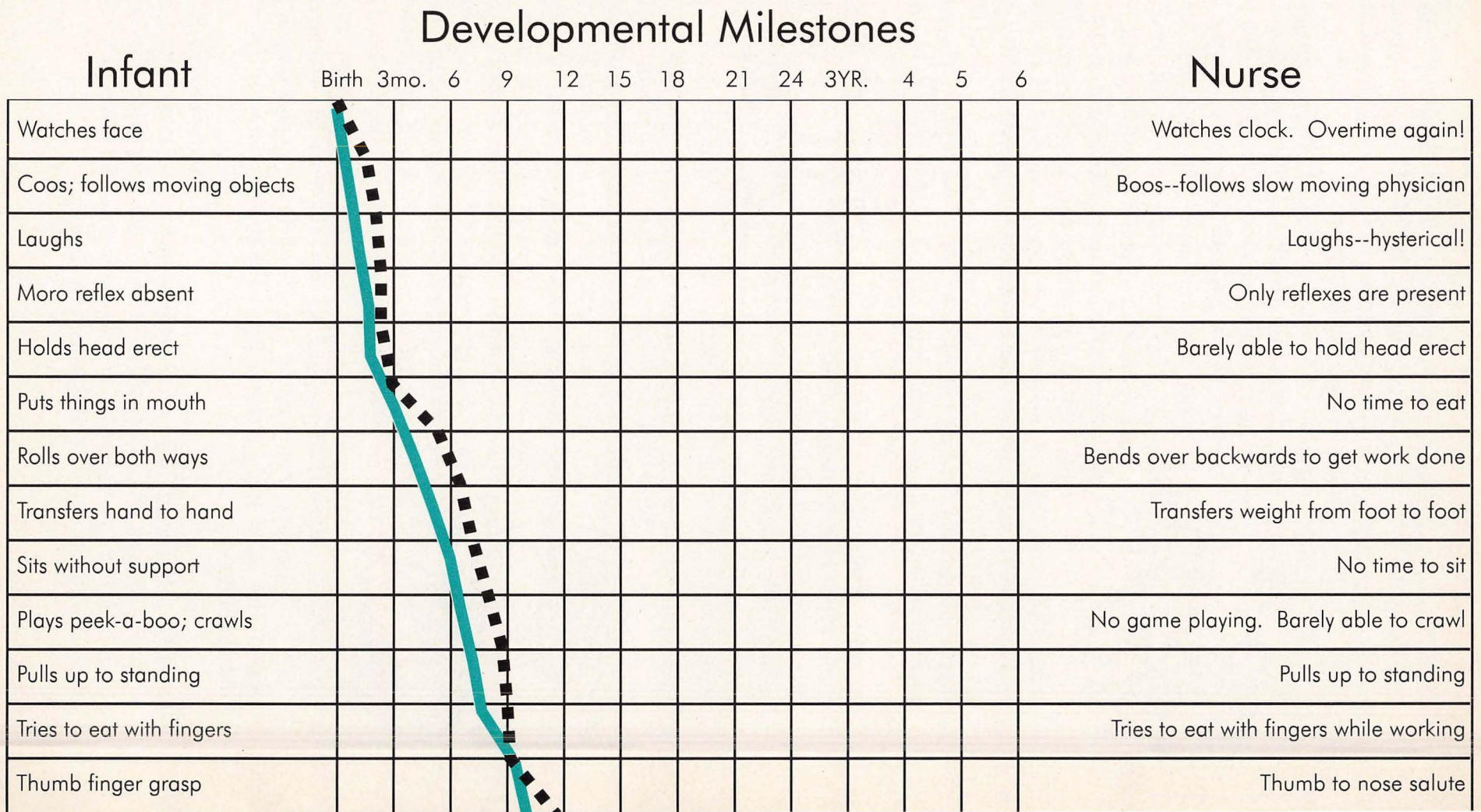
The masterminds for next year's competition want to come up with at least three more events to turn this heptathlon into a decathlon. Submit your ideas to union representatives Simi Grievitt and Ray Sardues.



Nurse and Infant Development

By Mary Lou Brown, RN, CGRN

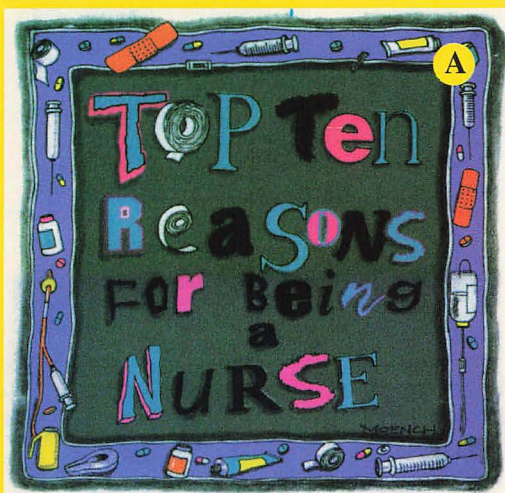
Because I work in a GI endoscopy lab, I am used to probing to the bottom of an issue. I wondered about the similarities between nurse and infant development. Nurses, after work, like to curl up with their blankets and a bottle (often alcohol). Babies like their blankets and a bottle (often milk). Nurses have even expressed a desire to wear diapers at work because they don't have time to go to the bathroom. (Again, something in my area of expertise.) Were there other comparisons? I found a developmental milestones chart, and established the subsequent correlations.



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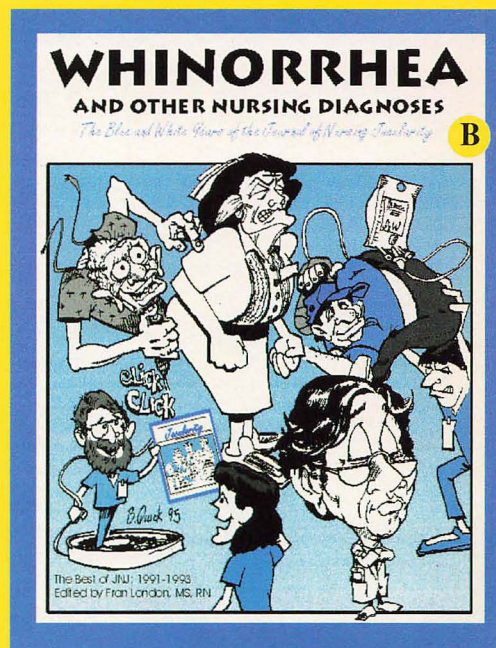
Summer 1996 Catalog



A. Top Ten Reasons or Becoming a Nurse T-shirt. This is 100% pre-shrunk cotton t-shirt from the comic wit of cartoonist and anesthesiologist, Dr. Brian Moench. Front of shirt is design shown here. Back of shirt is the list, starting with "You enjoy working with really sick people . . . like doctors." Available in white. **Sizes L or XL: TS008TEN Top Ten Reasons \$17.50, Size XXL: TS009TEN Top Ten Reasons \$19.95**

B. Whinorrhea and other Nursing Diagnoses. This brand new book is the best of the Journal of Nursing Jocularities first three years. Over 200 pages of hilarious stories and sidesplitting cartoons. This book is the perfect gift for any nurse on your list. **BK018BOB Whinorrhea and other Nursing Diagnoses. \$18.95. If you buy two or more copies, it's only \$15.95.**

C. ANY KEY and PANIC computer keys. Personalize your computer keyboard with these fun, self-sticking keys. **Free with orders of \$50 or more! MS001KEY Panic/Any Key \$3.00**

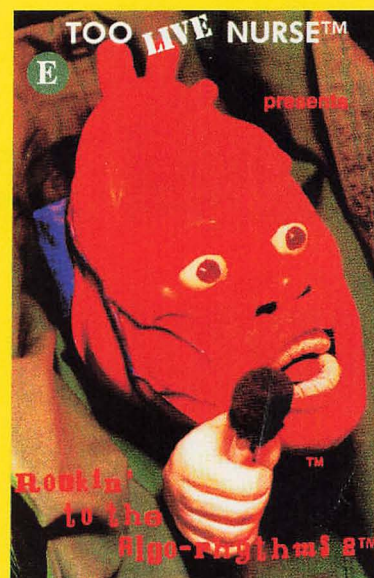


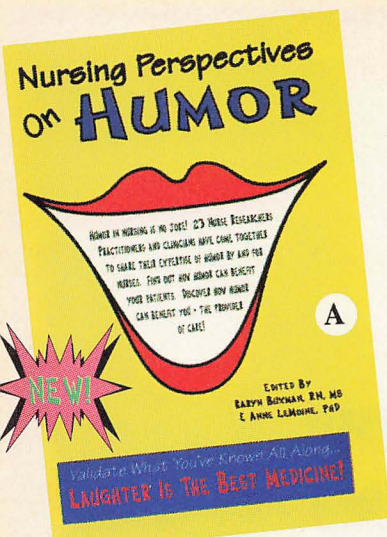
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D. Ineffective Individual Coping. A slightly very twisted musical review of the "sicker" side of health care. Tired of bedpans, paperwork, and under staffing? Stressed out and overworked? Let Too Live Nurse help you laugh at it all! Too Live Nurse is the group that brought you "Rockin' to the Algo-Rhythms." Cassette Tape. Includes: The Bedpan Blues, Doin' The Incontinence Rag, Ventilate Me and more. Too Live Nurse was a smash hit at the 1995 JNJ Humor Skills conference. **TA007COP Ineffective Individual Coping \$10.00**

E. Rockin' To The Algo-Rhythms 2 by Too Live Nurse Productions. Resuscitate your ACLS skills the FUN and EASY way with this collection of Musical Cardiac Protocols based on the new ACLS Algorithms. Let Too Live Nurse help you to breeze through "Mega Code" and have you singing as well! Includes cassette tape and lyrics booklet. **TA001RAR Rockin' To Algo-Rhythms 2 \$15.00**





A. **Nursing Perspectives On Humor.** Long awaited book, edited by Karyn Buxman, RN, MS & Anne LeMoine, PhD. Humor in nursing is no joke! 23 Nurse Researchers, practitioners and clinicians have come together to share their expertise of humor by and for nurses. Find out how humor can benefit your patients. Discover how Humor can benefit YOU! Soft cover. **BK015NPH Nursing Perspective \$24.95**

B. **Medicalese: A Humorous Medical Dictionary** by Peter Meyer, MD, quotes Hippocrates (the father of medicine), "The doctor and nurse must have a ready wit, as dourness is repulsive to both the healthy and the sick." *Medicalese* delivers the wit, with cartoon-illustrated definitions poking fun at everything in medicine, from doctors to administrators, from supervisors to patients. Soft cover. **BK019MED Medicalese \$9.95**

C. **Healing Power of Humor** by "jolly-tologist" Allen Klein. Techniques for getting through loss, setbacks, upsets, disappointments, difficulties, trials, tribulations, and all that not-so-funny stuff. Brimming with pointed, humorous anecdotes and learn-to-laugh techniques. "Provides practical advice as to the fundamental importance of humor and laughter." Steve Allen, comedian. **BK006HPH Healing Power of Humor \$9.95**

D. **The Perils of Nancy Nurse Video.** Bedecked with a bedpan, irrigation equipment and other gear for nursing combat, Nancy Nurse (a.k.a. Patty Wooten, BSN) delights audiences with her comic antics and hilarious stories. Filmed live at the JNJ conference at the Disneyland Hotel. Run Time: 45 minutes. **TA008NAN Nancy Nurse \$40.00**

E. **Compassionate Laughter: Jest for Your Health** by Patty Wooten, RN. Hot off the press. Available June 1, 1996. This delightful book explores the relationship between the emotions and the body, presenting evidence that laughter does indeed help keep us healthy and facilitates recovery from illness! It is peppered with hilarious anecdotes and conversions with Patty's clown characters, Nancy Nurse and Nurse Kindheart. **BK018COM Compassionate Laughter \$12.95**

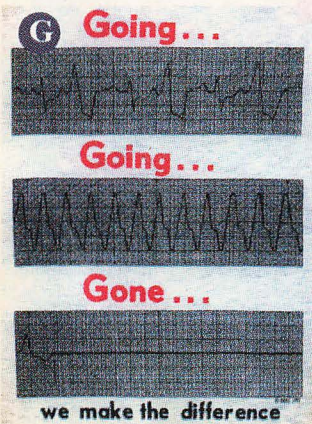
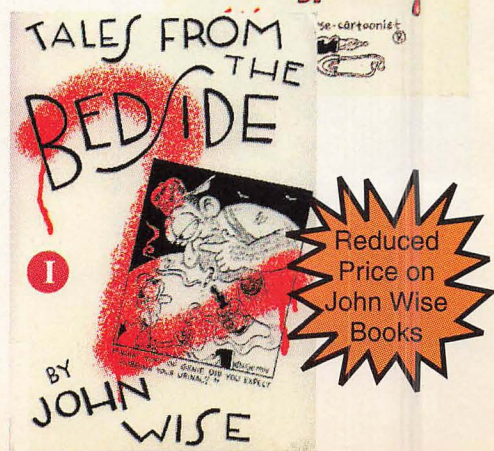
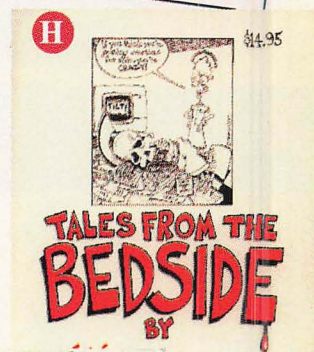
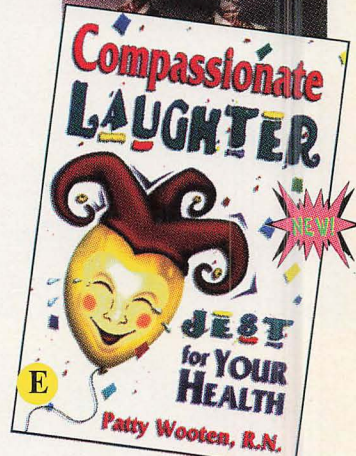
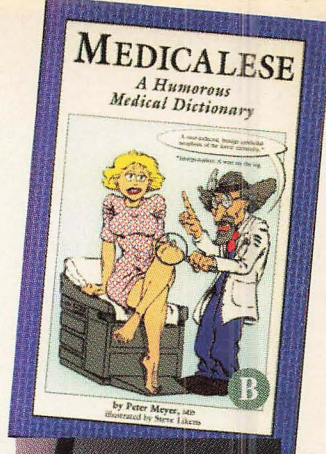
F. "Sometimes All You Need Is A Good Paddling To Get You Back In Line" T-Shirt from Trauma Gear, "Unique Sports Wear for Unique Professionals". This Pre-Shrunk 99% Cotton t-shirt comes in Ash. Pocket-size "Trauma Gear" logo on front of shirt. Available in large and x-large. **TS002ASH Paddling T-shirt \$16.00**

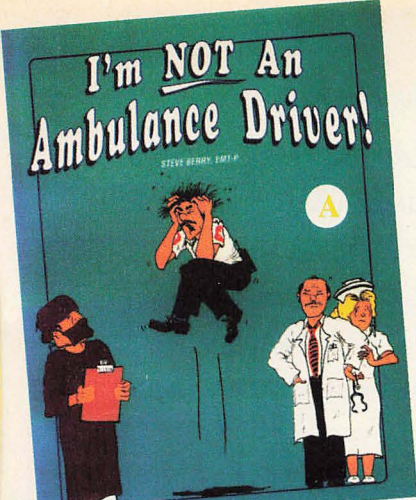
G. "Going . . . Going . . . Gone" T-Shirt from Trauma Gear. Sinus rhythm to V-tach to Asystole, this shirt covers it. This Pre-Shrunk 99% Cotton t-shirt comes in Ash. Pocket-size "Trauma Gear" logo on front of shirt. Available in large and x-large. **TS004ASH Paddling T-shirt \$16.00**

H. **Tales From The Bedside.** The first book from artist John Wise, RN. Over 100 page of hilarious cartoon about nursing and healthcare. Frequent contributor to the Journal of Nursing Jocularity. Beware, John's cartoon aren't for the squeamish. **BK002TFB Tales From Bedside 1 \$12.95**

I. **Tales From The Bedside 2: "Over The Counter"** by John Wise, RN. More than 100 pages of outrageous cartoon humor for healthcare professionals and consumers! John is a contributing artist to the Journal of Nursing Jocularity. **BK001TFB Tales From Bedside 2 \$10.95**

Purchase both of John's books for a special price. **BK003TFB Tales From Bedside 1 & 2 \$22.00**





A. I'm Not An Ambulance Driver! by Steve Berry, EMT-P. A jam packed, funny cartoon book that takes a satirical look at life as an EMS provider. Steve has practiced the art of paramedicine since 1984 and in his words is "an advocate of humor and have come to find satire as my link to survival in a career so often marred with anguish and discouragement." Sound familiar?! BK017NAD Not An Ambulance Driver \$14.95

B. I'm Not An Ambulance Driver II by Steve Berry, EMT-P. Second book in the series by this very funny paramedic. BK017NA2 Not An Ambulance Driver II \$14.95

C. I'm Not An Ambulance Driver III by Steve Berry, EMT-P. The latest in the series by Steve. Even more irreverent humor focused on the emergency medical system. BK017NA3 Not An Ambulance Driver III \$14.95

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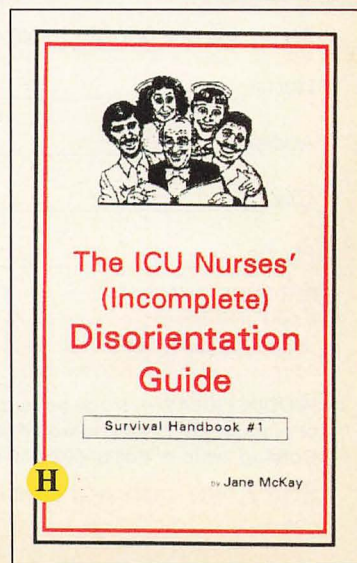
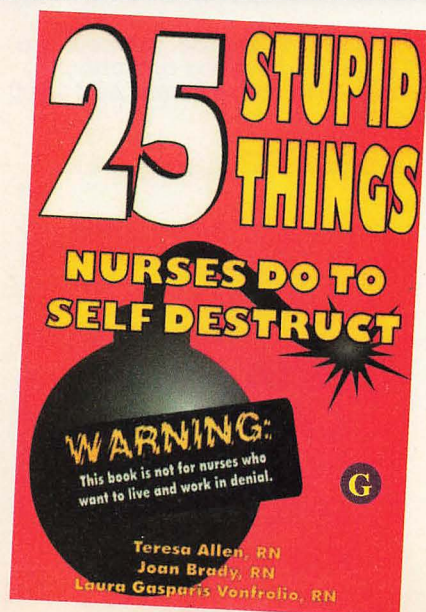
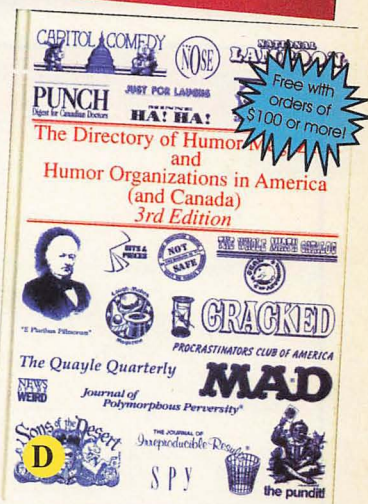
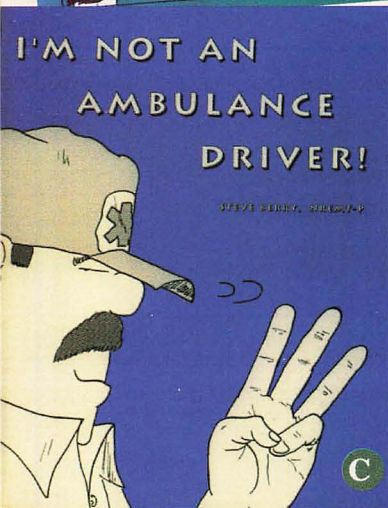
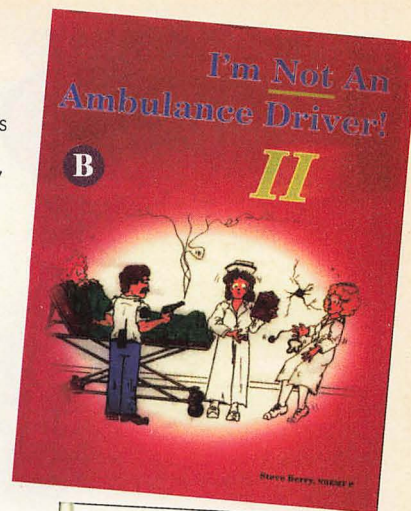
D. The Directory of Humor Magazines and Humor Organizations in America (and Canada) 3rd Edition edited by Glenn Ellenbogen, PhD. This is the first and only book to help you find humorous magazines, newsletters, newspapers; periodicals about humor; and humor organizations. It provides extensive listings and sample articles for each publication, plus cross indexing of periodicals. A writers market for humor. A great resource at a special price! List Price: \$34.95. Hard Cover. Special Offer! Order \$100 worth of items and receive this book free! BK016DHM Humor Directory Only \$14.95

E. Health & Humor through Harmony by the "NurSING Notes", an all RN Barbershop Quartet. This comedy quartet puts the "SING" in NurSING with songs such as "While Strolling Down The Hospital Hall", "The Physician", "The Waiting Room" and "Patient Lament". The Nursing Notes were a smash hit at the 1993 and 1995 JNJ Humor Skills conference. TA003HHH Health & Humor Through Harmony \$10.00

F. Nurse Cat T-Shirt. This whimsical cartoon, created by Jim Allen, RT, whose work has frequented the pages of the Journal of Nursing Jocularity, is featured on a white, 50/50 blend t-shirt. Available in L, XL, XXL. TS010CAT Nurse Cat \$15.00

G. 25 Stupid Things Nurses Do To Self Destruct by Teresa Allen, RN, Joan Brady, RN and Laura Gasparis Vonfrolio, RN. Increase your awareness as a nursing professional through such topics as: We Don't Stick Together, We Suppress Our Convictions, and We Fight All The Wrong Battles. The book contains the following warning: "This book is not for nurses who want to live and work in denial." BK014STN Stupid Things Nurses Do \$19.95

H. THE ICU NURSES (INCOMPLETE) DISORIENTATION GUIDE, by Jane McKay. A handbook of humor from the trenches; includes specialized policies with criteria for shooting physicians, guidelines for training interns and instructions for visitors. Not for the general public or bedsides of the infirm! BK005ICU ICU Nurse Guide \$7.00





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To provide health professionals with products that can be used to incorporate humor into their lives and their workplace, and to support health professional entrepreneurs in the development and marketing of humor related products.

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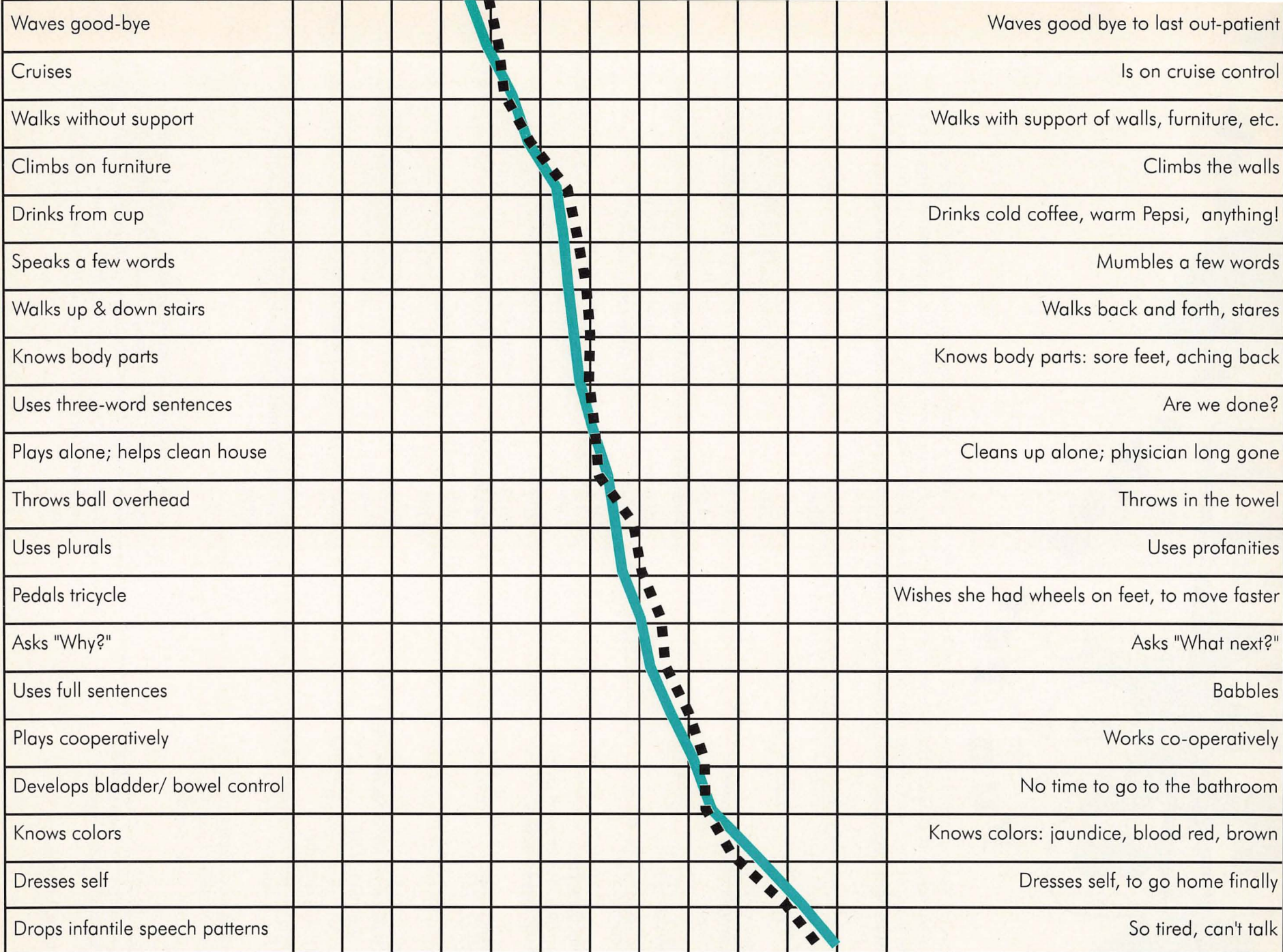
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Infant ————— These are averages and will
 Nurse - - - - - actually vary + or - 10%

Liven Up!

Folks

Fun For

At Work

It seems that our creative juices never run low. We do some of our best work in times of high census. Two examples.

Members of one busy neuro unit on the west coast contributed their collective efforts in writing Spam® Haiku. (Editor's Note: Haiku is a poetic form, consisting of three lines of 5, 7, and 5 syllables each. Traditional Haiku must have a special word which evokes the season. I guess Spam® Haiku would contain . . . Spam®.)

Old man seeks doctor.
"I eat Spam® daily," he says.
Angioplasty.

Pink tender morsel,
Glistening with salty gel.
What the hell is it?

The pink fatty brick
weighs upon the heart and clogs.
The blood cannot pass.

Sick man in ER
Electrolytes out of whack.
OD: too much Spam®!

Oh, what irony!
Man chokes to death on Spam® chunk
While watching "ER!"

OUCH! Opener slips
Splash of hot red on pink gel.
Extra flavor Spam®.

The young lass squeals to
her beau, "I didn't know you
could do that with Spam®!"

Spring is the season
when a young man's fancy turns
to thoughts of canned Spam®.

. . . and so it does . . .

After a very hectic two week period in our small emergency department, a lull finally appeared. We started a game called "Name that Tune." Someone would call out an illness or symptom, and the rest of us would have to come up with a song that described it. Here are the results.

Illness

Tune

UTI	"It's my Potty and I'll Cry if I Want To"
Diarrhea	"Dey Do Run-Run-Run Dey Do Run-Run"
Constipation	"Oh Baby, Oh Baby"
Vomiting	"Up, Up and Away"
Insomnia	"In the Middle of the Night"
Burn	"We Didn't Start the Fire"
MI	"Achy Breaky Heart"
Cataracts	"Dr. My Eyes"
Asthma	"Take My Breath Away"
Brabs	"Born to Boody"
Parkinson's	"I'm all Shook Up"
Alzheimer's	"Memories"
Flatus	"Blowing in the Wind"
Aphasia	"Took the Words Right Out of my Mouth"
Urticaria	"I've Got You Under my Skin"
Fracture	"Bad to the Bone"

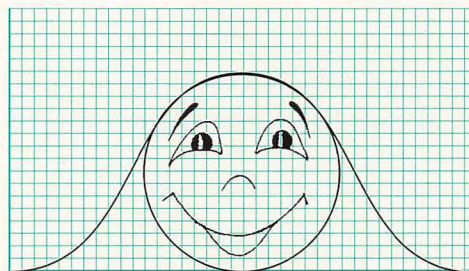
If you try these creative pursuits, too, send us your funniest creations. If you play other games, tell us about them.

Liven Up! is a regular feature in the JNJ. Send your story (50 to 200 words) about how you are using humor in your workplace to: Liven Up! Colleen Gullickson, RN, PhD, Rt. 1 Box 167A, Ridgeway, WI 53582. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.

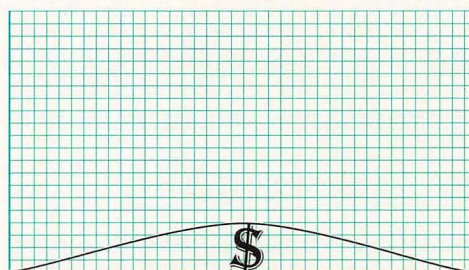
Nursing's Own Bell Curves

by Anita Bush, RN, PhD, CNRN

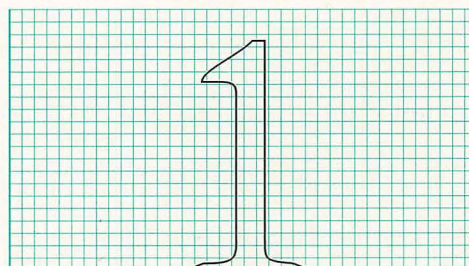
1. **Mesokurtic.** Idealized, normal curve, where the number of entering nurses keeps up with demand, all licensed nurses are actually doing patient care, enjoying their work and have good compensation plans.



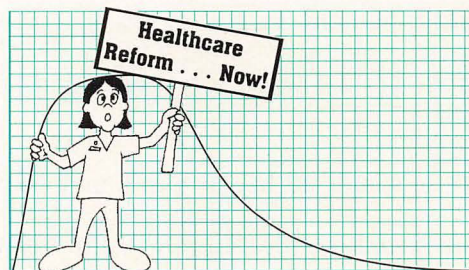
2. **Platykurtic.** Flat, like the salaries for clinical nurses after five years of experience.



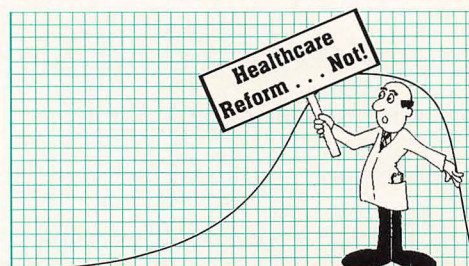
3. **Leptokurtic.** Peaked, like the number of shifts in a year where you get both a meal break, a bathroom break and get done at the scheduled time.



4. **Positively Skewed.** Members bunch up on the left, like the ANA.



5. **Negatively Skewed.** Members bunch up on the right, like the AMA.



Findings of a Documentation Review Nurse

by M. Carolyn Petts, RN

I may not experience the thrills of direct patient care, but I do have my own source of fun. Reading charts. Don't believe it's entertaining? Here are some of my findings . . .

The patient had a gunshot wound in the grocery store.

The patient is functionally illiterate [sic].

She lives in an environment that is not fit for human consumption.

Although alert and generally oriented, she tends to suffer from good judgment.

He has pain when he ambulates around his suture lines.

The skin was pink to the touch.

He was seeing people who were dead and suffering from shortness of breath.

The patient is 76 years old . . . His mother is elderly also.

He was in a ninety degree room with only an osculating fan.

The wound is pink, irregular and beginning to ambulate.

The lungs are clear, except for the congestion.

Question on insurance form: "Have you ever made a visit when the patient was not at home? If so, do you know the reason why?" Nurse's reply: "Yes. I was on the wrong street."

She hasn't had any gastro-intestinal problems since her husband died eight years ago.

She broke her hip when she slipped and fell on a wet floor. She is practically blind and didn't notice the floor.

He was hospitalized because of pancy to penia. [pancytopenia]

She was ascending the stairs when her can [sic] slipped, causing her to fall backwards.

Since her injury she is unable to shop lift heavy items.

She had a rash over her entire body, which is now gone except for the area between the groins.

Continued instruction is needed because: The caretaker is a registered nurse.

Rehabilitation potential is fair due to: Patient's death.

The policy of the Visiting Nurses Association is that employees are not to draw titters [sic].

Intensive Care

by Carol Edson, RN, BA

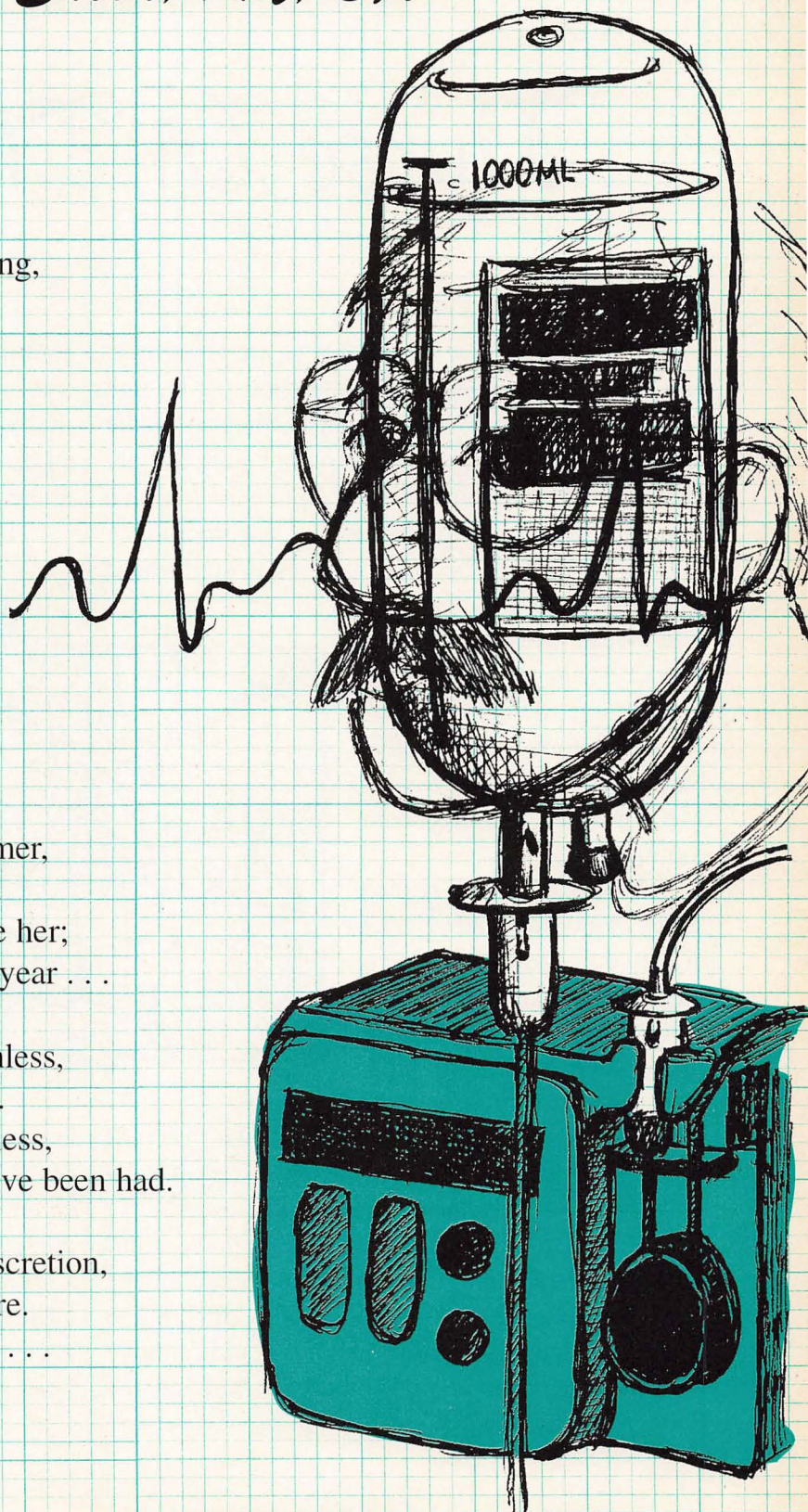
I is for the Inocor to save you,
N is for the needles that inject.
T is for the triple cabbage patients,
E is for E. coli; "Don't infect!"
N is for nurses' skilled and tender caring,
S is for the surgeries we get.
I is for the innovative treatments,
V is for the Valium; "Don't fret!"
E is for the epi we keep handy,
C is for the cath lab that we need.
A is for the apex; "hearts" are dandy,
R is for the reference books we read.
E is for the everything we strive for,

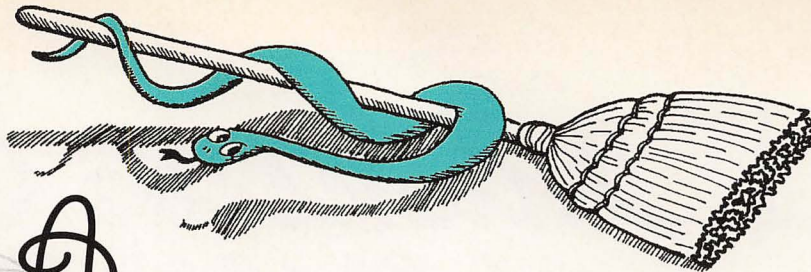
Helping folks recover every day.
Put them all together, you'll discover,
ICU can be the proper way.

Now let me add just one small disclaimer,
Just to make a few things crystal clear.
If dear auntie's moribund, Don't blame her;
We sometimes "torture" patients for a year . . .

This is not to say the high tech's worthless,
Or that all those wonder drugs are bad.
It's just to say that dying here is mirthless,
And sometimes patients feel that they've been had.

Let's try to use this stuff with some discretion,
Not routinely, but with thought and care.
Then it wouldn't be applied obscenely . . .
Keep dignity alive and well in there!





Is There A

Nurse In The House?

by Marion Jackel Wilson, LPN

If there is a Home Health Agency in your town, you can bet there is a “nurse in the house!” A rare breed of brains, brawn and bandages who can handle any situation and promote survival of both the patient and nurse. I know. I’ve been one for fourteen years and still live to tell about it. Case in point:

I was visiting a bed-bound stroke patient whose caregiver, his wife, was blind. The house had no lights or doors. By the time I got there, I was on the road three cups of coffee too long with a bladder that could only hold two, and was forced to use their bathroom.

As I pulled down three layers of clothing and squatted in a straddle position hoping to maintain some degree of sanitation, I noticed the holes in the floor where the drain pipes went under the house were twice the size of the pipes. While the “coffee” flowed relentlessly from my body, I saw it—the snake, that is. A water moccasin, to be exact.

Its slithering body crawled up through the drainage hole directly in front of me and curled around the pipe. It peered around, trying to decide a direction to take. I wanted to scream for help. I couldn’t move without tripping over my clothes or flooding the floor with the “coffee” still pouring beyond my

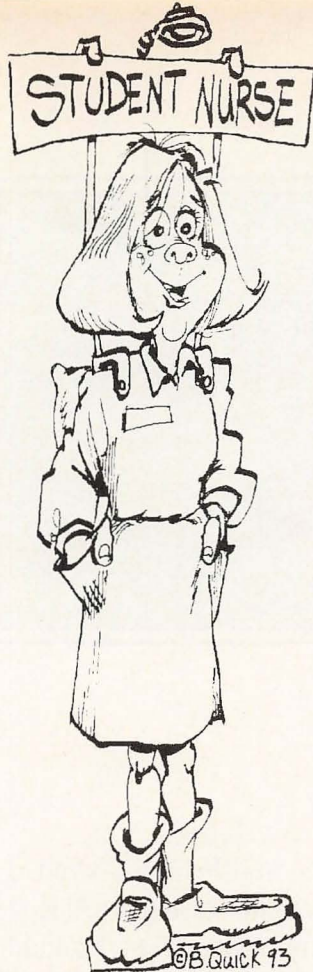
control. But, I considered the safety of my patient and his wife, and calmly called out to her asking if she had a broom or mop I could use. When she inquired why, I quietly replied there was something in the bathroom I had to clean out.

I gingerly pulled my pants up and very slowly grabbed the broom. The snake was now slinking across the floor and up the side of the bathtub. I started pounding it with the broom. I stunned it enough to push it into the tub, then, finished it off by smashing the end of the broom handle against its head. When I was sure it was dead, I lifted it on the broom and carried the four-foot poisonous snake out of the house, across the street and tossed it into the woods.

There were drunks on the street watching me, and under normal conditions might have even intimidated me. But this time I just stared back at them as if to say, “Mess with me and meet the fate of the snake!” I went back into the house and took care of my patient and his wife. To this day they don’t know what really happened.

My tale of terror is now an orientation story for all new nurses who think Home Health is easy. I always believed laughter was the best medicine, but, I can now add, a broomstick might help too.





Underwater Rescue

During the OB rotation, students were practicing giving sitz baths to postpartum patients. One student stated she was ready to be checked off on the skill. After discussing the procedure and related principles, we accompanied the obese patient to the tiny bathroom.

The student explained the procedure to the patient, started filling the chair with warm water, and asked the patient to sit in the sitz chair. The water entered the chair, but did not flow out. It seems the adipose tissue on the patient's posterior was blocking the drain. In a few short minutes the student, patient and I were up to our ankles in water. In our efforts to turn off the water in very close quarters, we bumped the emergency call light. Three or four staff members showed up at the door, but we couldn't open it because we couldn't move. The three of us started laughing.

When we finally got the water

Student Nurse Cut-Ups!

turned off, the drain open, the staff calmed and the patient back in her room, the student turned to me and said, "Well, Boss, I guess I don't get checked off on sitz baths, but how about underwater rescue?"

Karen Merriman

Proceed with Ease

During the morning report, the nurse I was working with told me something about my patient's orders. Sounded like his activity level was changed. She asked if I was able to carry this order out. I assured her I would take responsibility. I proceeded to tell my patient he had a light activity order for the day and should do as little as possible.

Just before lunch, my nurse asked, "I thought you were going to do the go lightly?"

I replied, "Yes, my patient hasn't been out of bed all morning, and I did all of his ADLs for him."

Chuckling, she handed me a bottle and said, "This is the GoLyte that he is supposed to get."

Sharon M. Kapalin

I Didn't See Anything Wrong

My instructor watched as I prepared my first injection. I carefully filled the syringe to the appropriate 2 cc mark. Proud of my accomplishment, I looked to my instructor for approval and discovered I had squirted the excess medication right onto her glasses!

Beth Riley, RN

Charting Death

The class discussion covered the physiological changes that occur as the patient nears death, such as Cheyne-Stokes respirations, lowering blood pressure, rapid pulse, loss of consciousness and decreased urinary output. The students also learned that charting must be concise yet complete.

Imagine my surprise as I checked one student's charting on her patient.

"9:15: Death approached with the usual signs and symptoms. — S. Smith, SN."

Rose Marie Norris, RN, MSN, CS

Abbreviated Fear

After teaching nursing assistants for several years, I thought I had a reputation as a tough instructor. This was confirmed when I graded a test of medical terminology and abbreviations. Instead of "Diet as Tolerated" for the answer to what D.A.T. stood for, one future CNA wrote, "Do As Told."

Rachel Birks, RNC

Student Nurse Cut-Ups is a regular feature in the Journal of Nursing Jocular-ity. Send your funniest true student nurse stories(50 to 150 words) to us at JNJ Student Nurse Cut-Ups! Judith Vallery, MSE, RN, 15106 Morning Tree, San Antonio, TX 78232. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.

A Moving Experience

by Ellis Landsean, RN, BA

It wasn't a quick wheelchair ride to the discharge door with prescription pads. Nope. Sally's man was a challenge. Three hundred and eighty-eight pounds of middle-aged bachelor in an oversized work shirt, Oshkosh coveralls and ancient Weejuns waited for me in a Big Boy wheelchair.

No problem, I thought. Sally and Cindy had gotten Tom into the Big Boy. With Cal and Ron, our two brawny medical aides, I could get him into a car. Simple stuff. Glad to help Sally out.

The car, a beater back roads Chevy, had once been blue. It had also once been intact. In its old age, it was punctuated with moon-crater rust holes. I wasn't certain where to put Tom's belongings to be sure they would get home with him.

His brother, Roger, a scrawny, bowlegged man with a bulbous purple nose, was full of advice.

"He don't stand too good. Why doncha just lift him in?"

We ignored Roger. He'd lived with Tom so long he didn't realize his brother was, well, large.

Ron and Cal got Tom to his feet while I braced the chair and started to pivot him toward the car. Tom's left ankle bent and collapsed. It was the only part of his body that moved.

"I can't make it!" he gasped. We set him back down. He shook all over from the effort, and I could

smell his sweat against the mid-February wind.

"How 'bout I pull up to the curb there?" Roger leaned on the open door and watched us. I told him I didn't think that would help. Our problem was not vertical. It was horizontal.

We got him up again, but he could not be turned. If Tom's hinges were more to the east, it would have worked. We tried again. And again. Up and down, up and down.

There was a machete-sharp gale coming out of the northeast. The aides and I were in scrubs, coatless. A pale, gaunt patient, smoking illegally at the exit, approached us, his cigarette held between shivering fingers. He could have been the poster child for Morgues of America.

"Any of you ever done this before?" he said. We all turned and stared at him. Even Roger.

"He doesn't pivot," Ron said.

The trembling smoker drew back into shelter. It was obvious to Roger and the smoking patient that we were incompetent. I, however, saw us as three mortals sent to do the job of a derrick. But, Tom was a human being, and it was up to us to preserve his dignity the best we could.

"Don't you got one of them Hoyer lifts?" Roger asked. I smiled, and said it wouldn't work in this case. With a *convertible* beater back roads car,

maybe. But with that annoying roof in the way, what we needed was a Hoyer conveyor belt or a Hoyer slingshot.

"I'm sorry," Tom said, "I wish I could help."

"It's all right," I said, and patted his shoulder. "We'll get you there." My confidence was manufactured for Tom's sake. OK. The lift, the pivot and the slingshot were out of the question. Finally, Cal thought of getting a wooden slider from the rehab closet. We stood Tom up again, and put a corner of the slider on the wheelchair seat. He sat, and the free end of the board sailed up like a bat's wing.

"That thing ain't gonna do no good," Roger said. Cal turned toward me and rolled his eyes.

"It's all we've got," I said. I crawled across the driver's seat, pushed the slider down, and yanked at the bath blanket under Tom. He moved an inch.

The car was littered with empty root beer cans and the smashed brown butts of dead Marlboros. I

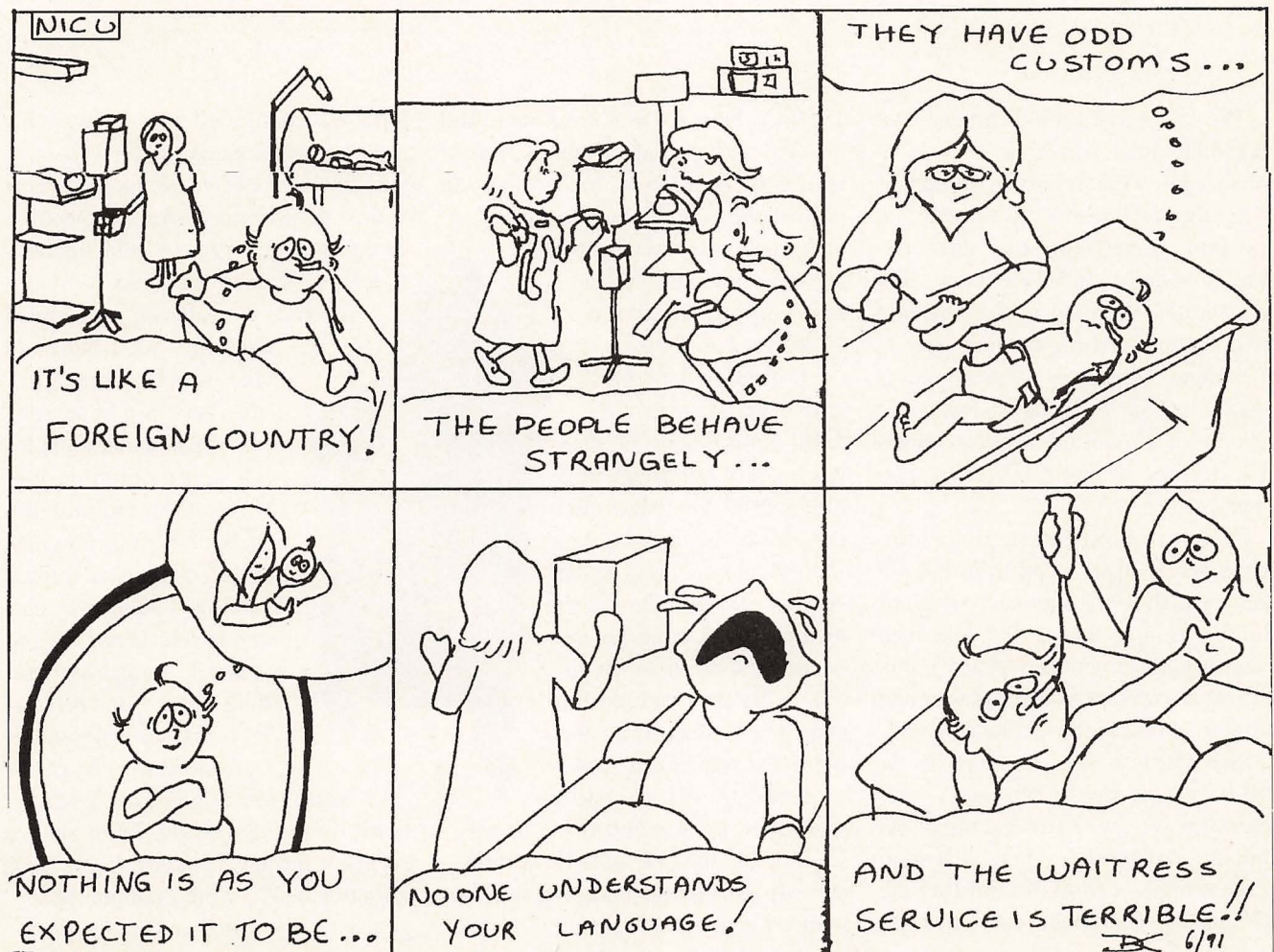
had a sudden image of Tom astride a brave mustang, herding stray calves out of high country snows . . .

Roger bent over to criticize my progress. "Woulda been better if that damn ambulance woulda took him home, too."

"Shut up, Roger!" Tom said, "They're doin' their best, and I don't see you doin' nothin'."

Wedging, lifting, pushing and pulling, we finally got the rest of Tom into the car. The morgue poster child was gone. No one pointed at us or laughed, so we had done our job well. It took almost an hour, and we were exhausted. My scrubs' knees were filthy.

We retrieved the sliding board and watched the rusty blue Chevy drive away, listing to the right. My limbs thawed six hours later. Tom still has the bath blanket, and he can keep it. But Sally owes us. Big time.



Super-Chicken Shakes, Rattles and Rolls with the L.A. Quake

by Janice Griffin, RN, PHN, BA with Tiffani Ferrantelli

We each have a multi-dimensional personality that we bring with us to enhance our work as nurses. In each of us lies the chick who longs to crow and nest into a personality that sheds humor, love and light wherever we are. As a professional storyteller-singer, I have experienced the healing powers of humor. None was as profound as when I, as Super-Chicken, leapt into action to heal with my heart and mind in a disaster situation. It all started when . . .

"Mom, there's been a terrible earthquake here!" Cori's call from LA, on January 17th, 1994, shook us out of our Holiday complacency. She described unearthly crashing noises, sharp, jerky, surging movements, falling plaster and furniture, broken glass, cracks in walls . . . her terror as she snatched the cat and frantically ran to her car . . . her anxiety as she revved the car out of the underground garage . . . her exhaustion as she waited for signs of calm after the 6.7 quake. Simultaneously, the TV

confirmed that LA was crashing to and through the ground. Stunned, I contacted the Red Cross, loaded my van with supplies, including costumes and props, and was in gear as a rookie volunteer RN on my way to Disaster #290, the LA Quake.

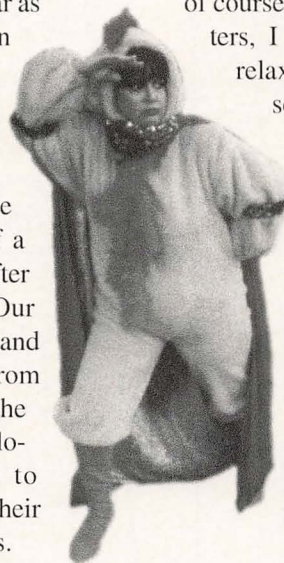
Determined to be strong, I began my whirlwind assignment in the basement gymnasium of a high school, three days after the quake occurred. Our shelter housed families and singles left homeless from the quake. Also, during the hectic first week, some local indigents decided to change residence from their homeless shelters to ours.

Immediately, a panic-stricken woman grabbed me to assess a very sick elderly lady. Simultaneously, a forceful man urgently demanded Tylenol, "Right now!" After

I politely requested that he wait his turn, he pronounced me to be a pale, recently intercoursed, prejudiced street walker (expressed in street vernacular, of course). After four similar encounters, I decided I should be pretty relaxed, considering how much sex I'd had. So, I began to make myself at home . . . the chick began to nest!

We new-bees and locals were pulling this shelter together without the benefit of the Big Guns (experienced, disaster-trained Red Cross volunteers). Our nursing station had limited medical supplies and phone access, and no official forms for paper work.

Amidst this chaos, we were barraged with patients newly infected with the latest shelter germ or chronic mental and physical afflictions. We were continually surprised by the rapid unfolding of the



miracles of illness, such as seizures, chicken pox and psych escalations. We were pulling our clients out of a downstream flow. Next time, I'm going upstream to find out who's pushing them in!

But amongst all this, I was a chick with a mission! As a part-time nurse and entertainer, I called upon my menagerie of the red-capped Super-Chicken, Mother Goose, Twinkles the Clown and the Arabian Queen storyteller to lay their magic on these displaced children, (ignoring nurse Marie, the only experienced Red Cross local, who kept mumbling something about nursing priorities).

When our station was covered, "Super-Chicken" danced, sang and twisted balloons with the children, a very POPular activity! One ambitious young boy's goal was to rip off all of Super-Chicken's four feathers. But after lending him the red cape and pronouncing him "Super-Tony," he flew throughout the shelter and soon became Super-Chicken's closest friend. Wherein lies the foreshadowing "Uh-Oh!" When I returned to being the RN and Tony recognized my face and boots, his fantasy was destroyed. His dirty looks told all.

"See, there is no Super-Chicken," he sulked.

Sarcastically, Marie hoped I was having a good time and continued to bemoan the paperwork. (By this time, the forms had arrived.)

Hygiene was remiss, partly because the showers had only cold water. Many distraught families wandered the premises with blank stares. In an effort to raise spirits, nurse Jan, playing it safe with no costume, took her stuffed bears and gathered the children for a "Quake" story session. It culminated in a hand-and bear washing brigade. Badges were awarded for pictures showing quake emotions, the merits of hand washing and the demise of disease-spreading monster germs!

Each cold or flu sufferer who vis-

ited the nurse's station was offered a handy wipe, which was gladly used for hand washing as we discussed the spread of disease. Soon, shelter inhabitants were sweeping and mopping with bleach solutions, and inspiring one another to better hygiene. This improved greatly with the addition of hot water to the showers. Tony and the other children warmed up to me performing in different costumes. In this displaced shelter atmosphere, any consistency and distraction from the chaos was a form of security.

As stress increased, excitement was high. Three consecutive mornings, we rushed with our first aid equipment to seizures, bad falls, psych escalations and the like. Nothing was easy. We had only a few bus passes for our residents who needed outside medical care. Patients did not have their meds. The big question was, "Who's hoarding the cellular phone now?" And then, there were those times when the LA police department's direct and sometimes harsh approach, in contrast with nursing's patient-advocate attitude, was difficult for me to handle.

We worked long hours, but went home to warm beds, privacy and quiet (except for that 5.3 aftershock at 0317!). The shelter inhabitants had hard cots, noise and no privacy. Dispositions were frayed and nursing priorities ruled. But the moments of contact with the children were precious. A beaming young face would occasionally appear at the nurses station to say, "Hi Super-Chicken!" and hugs would be exchanged.

Finally, by the second week, the Big Guns (the disaster-trained mental health and social work angels) arrived in greater numbers and frequency from near and far. From Ohio came the

large, mountain man-attired, non-hairy (at least on top) Nurse Harry. Harry had at least eighteen Red Cross disaster experiences to his credit and had retired from a prestigious Army Nurse career. Harry was pleased with Super-Chicken and produced his own collection of jokes and stories.

He reorganized the station and instituted the famous Red Cross/Family Service ap-

proved voucher sys-

tem so disaster vic-

tims could replace medi-

cine, teeth and other medically-associated items lost in the quake.

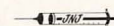
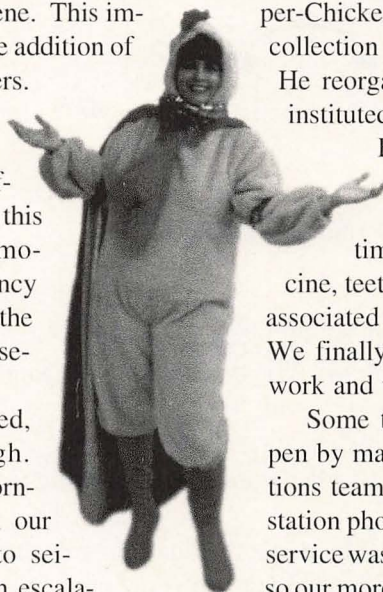
We finally organized our paperwork and were proud of it!

Some things seemed to happen by magic. The communications team arrived and a nursing station phone was installed. Taxi service was hired by the Red Cross so our more critical patients could be transported for medical needs.

Think of it. Smack dab in the middle of advanced civilization and we're on our knees thanking God for a phone and a taxi! Then, Project 75—the nurses—arrived. Five hundred nurses were recruited from California for four-to-five-day periods. Yes! Eight-hour shifts began and Super-Chicken had more time to play!

The first week was just a disaster's disaster, but by the second week the shelter had taken shape with residents smiling, wearing new clothes and reporting their positive housing results. By week five the shelter was about to close, which was the aim from day one!

When I left at the end of week three, I found tears sneaking from my eyes and felt not the slightest desire to go home. The integration of personal expression with my duty as a professional brought a dimension of warmth to all involved in a potentially cold experience. It truly felt like home to me.





The GI Bleed Song

(To the tune of "Mary Had a Little Lamb")

Mary Jordan, RN

Our patient has a GI bleed, GI bleed, GI bleed.
Our patient has a GI bleed. You can smell it all around.

Q 15 minute tarry stools, tarry stools, tarry stools.
Q 15 minute tarry stools, then vomit coffee grounds.

Run to lab and get the blood, get the blood, get the blood.
Run to lab and get the blood. His crit is not enough.

The blood is cold and won't infuse, won't infuse, won't infuse.
The blood is cold and won't infuse. This job it sure is tough.

The NG tube will not drain right, not drain right, not drain right.
The NG tube will not drain right. Should we leave it in all night?

Tubes and wires everywhere, everywhere, everywhere.
Tubes and wires everywhere. This patient is a sight.

His bottom it is getting sore, getting sore, getting sore.
His bottom it is getting sore, his buns are red and rough.

So get a cloth and wash him up, wash him up, wash him up.
So get a cloth and wash him up. Can I clean up all that stuff?

Insist on using the commode, the commode, the commode.
Insist on using the commode. We stand and then we faint!

Fill out all the paperwork, paperwork, paperwork.
Fill out all the paperwork. My favorite thing it ain't.

The ER has another one, another one, another one.
The ER has another one. I'll cry, scream, kick and bite.

Take me away and lock me up, lock me up, lock me up.
Take me away and lock me up. Can't take another night!

Prostate

(To the tune of "Wabash Cannon Ball")

Earnest Walbrecker

My darn old prostate,
It really is a pain.
When I get up in the morning
It won't let the water drain.

But as the day goes on,
I simply must explain,
I have to go so many times
It's driving me insane.

Code Me Not In The ICU

(To the tune of

"Bury Me Out on the Lone Prairie")

Mark Duchow, RN, BA

Oh code me not in the ICU
Oh please don't call that Doctor Blue
Just let me die with dignity
Don't mutilate with autopsies

A Living Will don't mean much now
But if you code me anyhow
I'll sue you all posthumously
And haunt your minds eternally

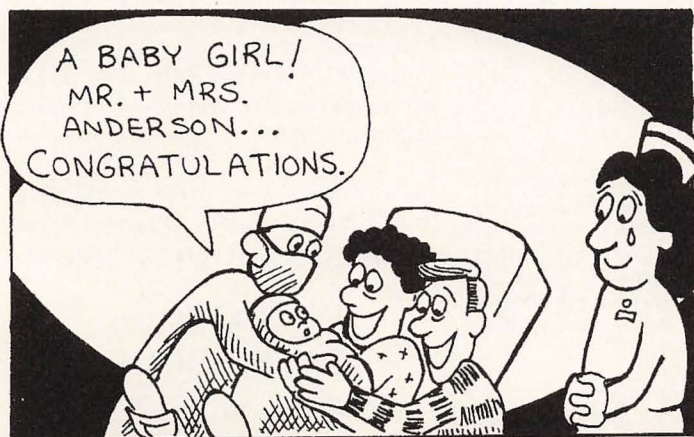
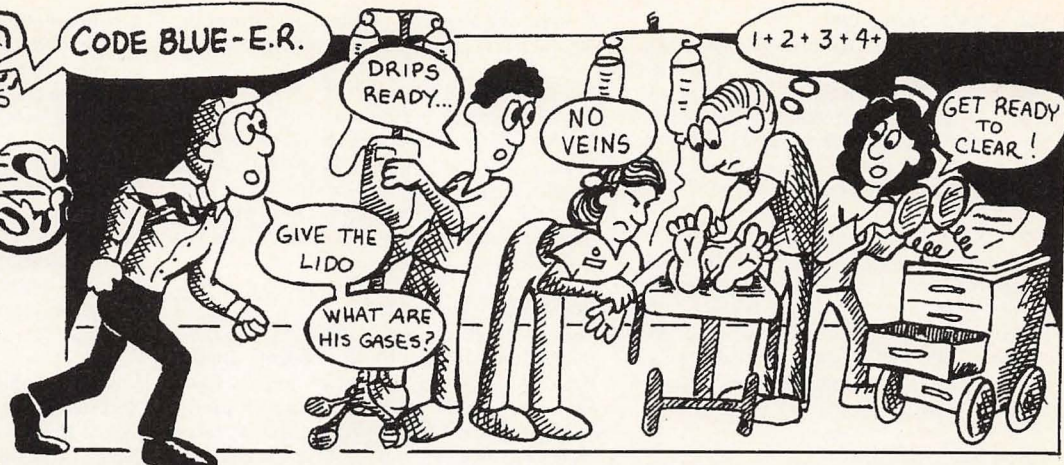
Don't plague me now with daily weights
Don't threaten me with dialysates
Just let me go and be on my way
I've lived my life, I've had my day

There's only one place left for me
The eternal care facility
Whether it be high or it be low
I've made my choice, now let me go.

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C.J.M

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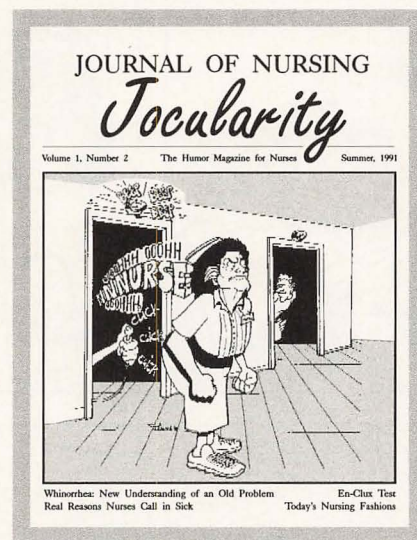
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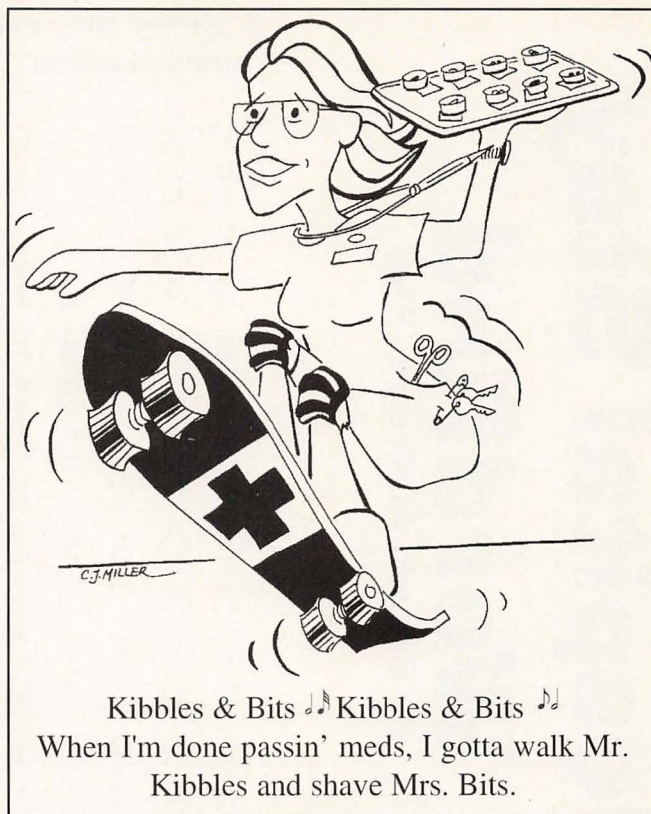
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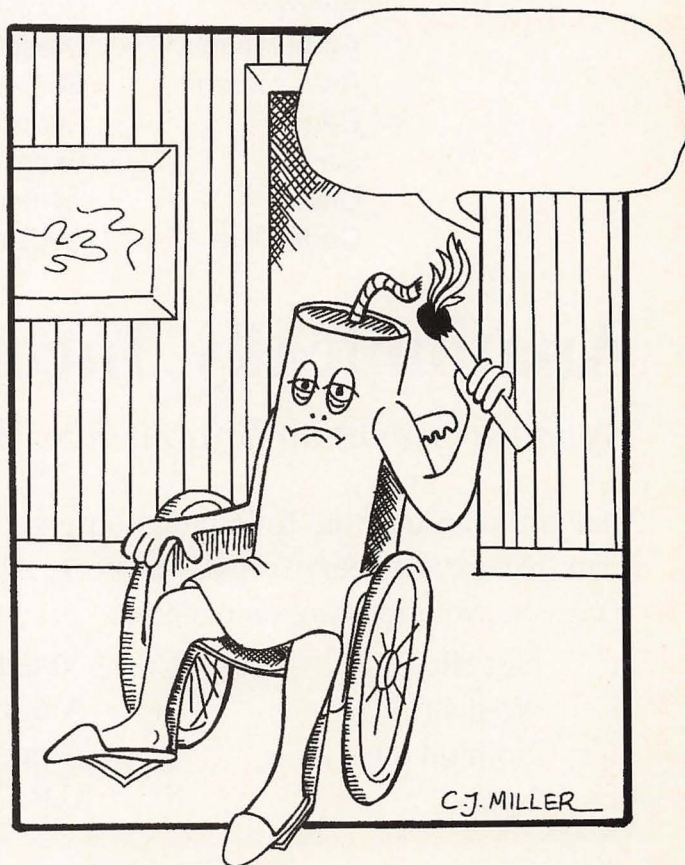
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Kibbles & Bits ♪ Kibbles & Bits ♪
When I'm done passin' meds, I gotta walk Mr.
Kibbles and shave Mrs. Bits.



Hospital Stay Wordfind

By Brenda A. Newell, RNC

A patient may encounter all of the following during a hospitalization. How many of the 31 can YOU find?

Y A R X G V I T A L S I G N E
T E A C H I N G M T R A H C W
H R I O J S L A E M N A L P R
G A M D P I Q M N P A K Y H L
I C E E H T E L E M E T R Y L
E D D B L O F C B D O O N G A
W N I L E R E U G R B U Z I C
S U C U B S L W D E R V R E E
E O A E O A D M I S S I O N N
R W T M T C A R E S M A X E O
U L I I O P H Y S I C I A N H
T V O D M I V C A N N U L A P
L N N E Y Y S E I G R E L L A
U H S B U T N E M S S E S S A
C L N A L P E G R A H C S I D

Admission
Allergies
Ambulation
Assessment
Bed
Care
Chart
Code Blue

Cultures
Discharge Plan
Dressing
ECG
Enema
Exam
Hygiene
IV Cannula

Meals
Medications
Nurse
Phlebotomy
Phone Call
Plan
Physician
Telemetry

Teaching
UA
Visitors
Vital Sign
Weight
Wound Care
Xray

Anatomically Incorrect

By Bina Goodman Simon, RN, BSN

Can you rearrange the following nonsense to discover some human body parts? Most are terms we use and hear every day at work. All answers are only one word. Example: Rx: vice = cervix. Solutions are on page 42.

- | | | |
|---------------|----------------|------------------|
| 1. Got slit | 5. Nixed Pap | 9. Lie or tear |
| 2. No dent | 6. A dim graph | 10. Go split tie |
| 3. No mud due | 7. A protest | 11. A slum hat |
| 4. Near it | 8. U.R. Tues. | 12. Re: Paul |

JNJ CROSSWORD

Wrack Your Brains
by Anita Bush, RN, PhD, CNRN

ACROSS

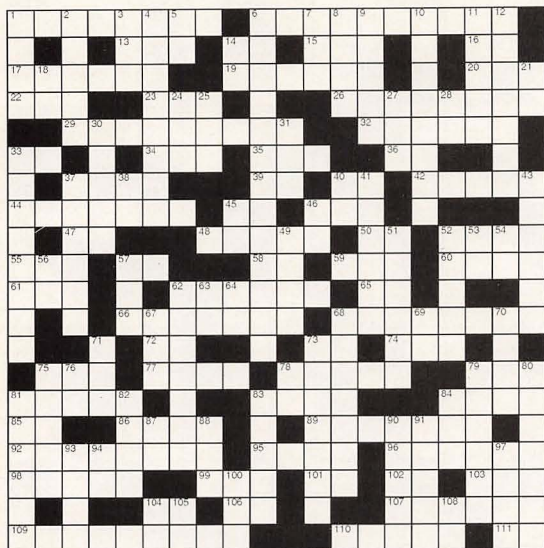
1. a brain lobe
6. brain region, coordinates movement
13. sleeping furniture
14. carbon monoxide
15. electrophonic respiration
16. WWII day of victory in Europe
17. flammable, jelly-like gasoline
19. one cause of encephalopathy
20. uridine diphosphate
22. subarachnoid hemorrhage
23. innermost meningeal membrane
26. association fibers encircling corpus callosum
29. patient repeats everything you say
32. pertaining to the nerves
33. a cause of pachymeningitis
34. rural electrification association
35. central nervous system
36. urinalysis
37. nerve cell body
39. mouthlike opening
40. obstetrics
42. pertaining to the neuroglia
44. dilation on semicircular canal
45. Bachelor of Science
46. woman's undergarment
47. isoelectric point
48. where 2 symmetrical halves unite
50. spiritus
52. exiting process of nerve cell body
55. Associate Degree in Nursing

57. carbon monoxide
58. impedance angle
59. snow sport
60. a worm
61. middle cerebral artery
62. hippocampal efferent pathway
65. verb prefix meaning "in"
66. another brain lobe
68. star-shaped astrocyte
72. bromine
73. not later than
74. to mimic
75. a canal carrying fluid
77. fold of the dura mater
78. French neurologist 1879-1952
79. Basic Life Support
81. a brain characteristic
83. major cortical neurotransmitter
84. vomit
85. intramuscular
86. diuretic used to lower ICP
89. can't speak
92. meninges has three
95. short for Russell
96. one of 91 down
98. speech production brain region
99. glutamine
101. id est
102. chloride
103. Association for Research in Ophthalmology
104. associate degree
106. intercostal space
107. pertaining to the eye
109. spur-shaped sulcus
110. cranial nerve #2
111. adjectival suffix

DOWN

1. between medulla and mesencephalon
2. where 2 symmetrical halves unite
3. estimated blood loss
4. a brain lobe
5. associate degree
6. a descending spinal tract
7. dreaming state of sleep
8. long poem of heroic deeds
9. the organ of cognition
10. signs/symbols used to convey information
11. the pendant fleshy mass in your throat
12. nerve tissue between pons & spinal cord
14. copper
18. achievement age
21. post meridiem
24. isolucine
25. abdominal aortic aneurysm
27. neurilemma
28. uranium
30. barking cough/laryngeal stridor
31. autonomic nervous system
33. brain's "sensory relay" region
37. related to the spine
38. milliliter
40. operating room
41. type of cell in cerebellar cortex
43. moon-shaped hyrus
45. Bachelor of Arts
46. barium enema
49. a salutation
51. pine-cone shaped brain structure

52. degree of divergence
53. xenon
54. every morning
56. direct current
57. cerebrospinal fluid
62. natural opening
63. supported by
64. respiratory therapist
67. regional blood flow
68. gap between neurons
69. lumbar puncture
70. exchange ideas via speech
71. suffix denoting enzyme
73. doubly basic
75. flat bone in nasal septum
76. prefix meaning "away from"
78. toxin-antitoxin
79. pertaining to the cheek
80. system of senses
81. lobe of rhinencephalon
82. fibrous meningeal layer
83. brain convolution
84. pilula
87. right atrium
88. Latin for "the patient"
90. type of tie
91. brain grooves
93. gangster's woman
94. before Christ
97. medicinal hypnotic
100. tell a fib
104. alarm reaction
105. prefix meaning "twice" or double
108. upper case



Y A R X G V I T A L S I G N E
 T E A C H I N G M T R A H C W
 H R I O J S L A E M N A L P R
 G A M D P I O M N P A K Y H L
 I C E E H T E L E M E T R Y L
 E D D B L O F C B D O O N G A
 W N I L E R E U G R B U Z I C
 S U C U B S L W D E R V R E E
 S E O A E O A D M I S S I O N N
 R W T M T C A R E S M A X E O
 U L I I O P H Y S I C I A N H
 T V O D M I V C A N N U L A P
 L N N E Y Y S E I G R E L L A
 U H S B U T N E M S S E S S A
 C L N A L P E G R A H C S I D

Anatomically Incorrect Solutions

- | | | |
|-------------|--------------|----------------|
| 1. glottis | 5. appendix | 9. arteriole |
| 2. tendon | 6. diaphragm | 10. epiglottis |
| 3. duodenum | 7. prostate | 11. thalamus |
| 4. retina | 8. uterus | 12. pleura |

NEXT ISSUE

The Adventures of Indiana Bones, NICU Nurse by Raymond Bingham, RNC. It was no ordinary clinical rotation, and it was no ordinary Quest.

The Bottom Line by Paula J. Wilshe, BA. The view from a receptionist/ registrar in the Emergency Department. It's not just paperwork.

Missed Communication by Jonathan Nemeth, RN, BA, CRRN. When an MVA changed Mike's life, he lost some functioning, but found a rehab nurse and humor.

You Know Your Patient Needs a Psychiatric Consult When . . . by Andrea H. Sangrik, RN, BSNA. Signs and symptoms to watch for.

Death of An Afternoon by Sherrie Gish, RN, CCRN. An afternoon shot, killing time and grief.

Confessions of a Fossil by Terri Quillen, RN. Are you a nursing fossil? A stony-faced font of knowledge with five-plus burned-out years in service to the profession? Are you proud?

Being Funny On Purpose by John Kinde. Sometimes you may want to deliberately use humor; maybe even plan it in advance. This piece offers tips on how to do it.

Revised Admission Form #37 by Leigh Anne Jasheway, MPH. This time the Forms Committee included the questions we always wanted to ask.

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HUMOR

by Karyn Buxman, RN, MS

Steve Berry, NREMT-P provides a truly comic salute to those who work the EMS. Despite being hair follically-challenged and lacking photogenic qualities, Steve has enjoyed practicing the arts of paramedicine since 1984. An advocate of humor, he's found satire is his link to survival in a career so often marred with anguish and discouragement. Thus, his cartoon book series, *I'm NOT An Ambulance Driver!* I, II, and III.

The purpose of these books is not to make a mockery of the EMS, but rather to lightheartedly attempt to make sport of a vocation unparallel to any other. Steve learned first hand that, "what I had assumed was the essence of EMS had numbed me to the dignity of the individual." How many of us, when we first entered the field of health care, wanted not only to meet our patients' physical needs, but also help calm their fears, take their minds off their pain, to ease their loneliness? But before we realized what happened, we got caught up in the mountain of paperwork to be done, the deadlines to be met, the rules and regulations to be followed . . . only to find that the patient was lost in the shuffle. Instead of succumbing to burnout, Steve channeled these experiences and produced three books. These books not only describe the stark reality of human nature and health care, but more important, provide the relief of laughter

which allows us to survive and thrive.

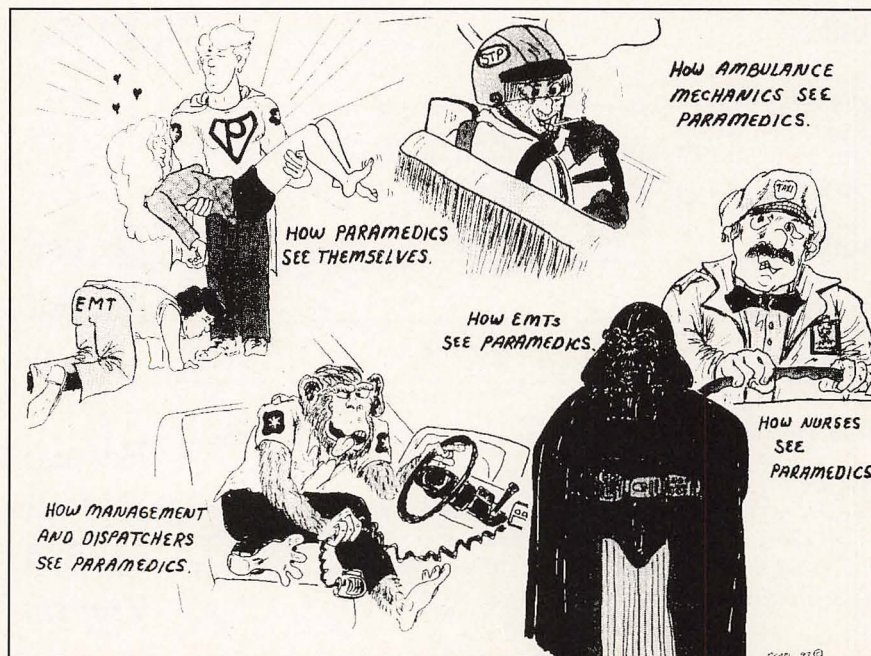
To every profession there is a particular set of stressors that leads to burnout. Having worked in an EMS setting, I thought I had great insight into those stressors. But Steve Berry provided me with some hilarious insights above and beyond what I envisioned. From Steve's vantage point, we see the paramedic from how he or she is viewed by management and dispatchers, by nurses, by EMTs, by ambulance mechanics, by patients, the general public both young and old, and even by paramedics themselves.

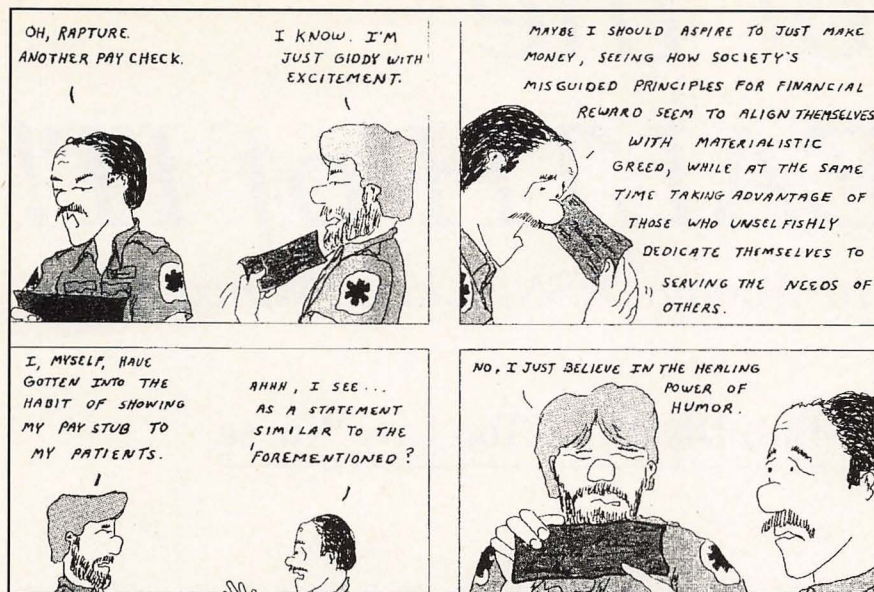
For example, picture the student strolling by the paramedic's booth on Career Day. The conversation, in Steve's mind, goes something like this:

Student: "Now, let me get this straight . . . You're an advanced life support unit, but referred to as nothing more than ambulance drivers by your medical peers?"

Paramedic: "Well, not exac . . ."

Student: "AND . . . you must also place yourself in precarious life-threatening situations all hours of the day





and night in an unsterile, savage, and often unforgiving and unappreciative environment . . . AND you must account for your worth by continuously piling on hours and hours of education and recertification requirements despite making piddie wages?"

Paramedic: "Well . . ."

Student turns and walks away, "How sad . . ."

The paramedic responds, "OH YEAH?!"

In Steve's first book, two paramedics philosophize about their insights derived from years of experience:

Paramedic: "Ya know, John . . . I have been a paramedic for the past five years, and I have found myself in a most unsolicited situation. I can no longer deny the universal, cosmic truth concerning man's inhumanity to man . . . I feel tainted!"

John: "Let me guess . . . You have grown weary of the nonsensical and disrespectful treatment man has shown the elderly by discarding them in nursing homes via our ambulances . . . No, better yet; you have succumbed to the fact that the unholy, but almighty dollar ultimately dictates the quality of patient care."

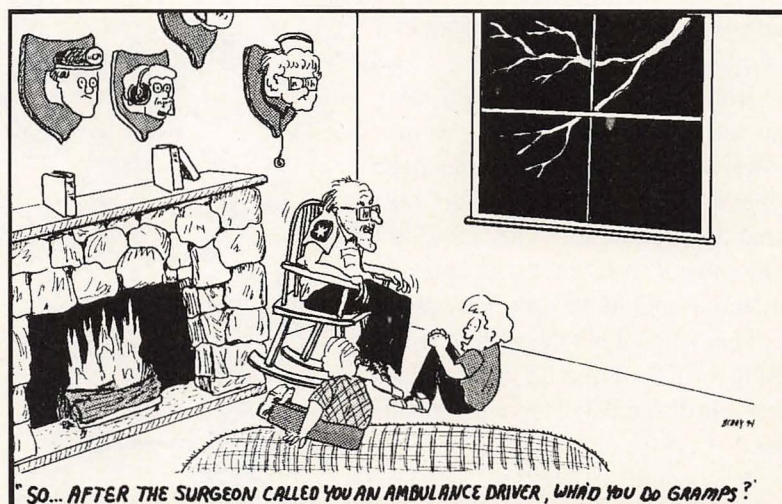
Paramedic: "No, much worse. To my dismay . . . the fact remains . . . Adult patients have forsaken the holy rule of Motherly Advice: 'Always wear clean underwear, for you never know when you will be in an accident.' . . . Oh, the horror of it!"

In a profession that demonstrates high turnover and burnout, the sources of stress are many. But Steve takes the notion of playing with pain and refines it to an art.

is the groups ability to laugh at itself. Steve Berry reiterates this in his third book when he dedicates it "to those who are secure enough in themselves and their profession to be called Ambulance Drivers." Additionally he reminds us, ". . . those in the business of easing pain and discomfort—whether paid or volunteer, you are an exceptional breed. And take a bow, friends and loved ones—because you are our foundation."

I recommend Steve take a bow for his exceptional work. I love it when I finally get material that makes me laugh out loud. For more information or to order these books, contact Steve at I'm Not An Ambulance Driver! PO Box 4305, Woodland Park, CO 80866-4305. His books are also available in the *Jocular Catalog* (see center of this issue).

Until the next issue, as always, I remain yours in laughter!



Cartoons flesh out the humor in our frustrations: folks not wanting to wear seatbelts (wrapped around the telephone pole, "They wrinkle my clothes"), or the struggle of helping the person in panic ("Operator, this is an emergency. I need the number for 911!"). Who hasn't experienced the joy of taping an IV while wearing gloves? Or had the ultimate high tech equipment fail at the most inopportune time? Or looked forward to some well-deserved time off only to be told that you're also covering the next shift?

Vera Robinson, The Fairy Godmother of Nursing, once pointed out that a sign of a profession's maturity

JEST for the HEALTH of IT!

by Patty Wooten, BSN, a.k.a. "Nancy Nurse"

Interview with Bob Diskin of Too Live Nurse

Too Live Nurse is the musical performing group created by two nurses from Berkshire Hospital in Pittsfield, Massachusetts, Bob Diskin, RN, BSN and Rick Glasener, RN. They perform at nursing conventions, such as NTI for American Association of Critical Care Nurses, the national convention of Emergency Nurses Association and the annual conference of the *Journal of Nursing Jocularity*. They have also recorded two tapes of songs for nurses: *Rockin' to the Algorithms* and *Ineffective Individual Coping*. Bob and Rick have successfully blended their senses of humor and their musical talents to provide a unique view of the nursing profession.

Patty Wooten: When and how did you begin writing songs about the funny side of nursing?

Bob Diskin: I first started all this back in nursing school. Sometimes, I would read a whole page several times and not have any idea what I'd just read, I just couldn't remember it. So then, I'd just pick up my guitar and make up a song about it. That's how I got through pharmacology. I'd make up little scenes between drugs. Give them personalities.

How could you do this?

I spent 15 years in show business, and as an actor, I was used to ripping apart characters, finding out what they were like, their characteristics, their strengths, weaknesses, problems. I'd use that same process with the drugs. First I'd ask myself, what was their action? For example, the cardiac glycosides, they slow you down, make the heart go slower. So their characters became a sort of hill-billy family called Digoxin, Lanoxin and their brother Digitoxin. The amino glycosides sounded like upper crust British. I always thought that it would be a neat class assignment if

the students had to act out each drug as some type of character. Student would then have to pay attention to the drug's characteristics, and they could have some fun doing it. They'd never forget those drugs.

You said you have been in show business. Tell us more.

I've done shows on Broadway and on Saturday Night Live. But I got tired of the sporadic employment. I figured with my nursing degree, I could always work per diem at Bellevue in NY and have time for theater work too. Once I got into nursing, I just loved it so much that I couldn't leave. Now, with Too Live Nurse, I get to do them both.

You've written many songs since nursing school, too. What was your motivation then?

Mostly we wrote songs about difficult or unpleasant experiences. It was a way to reduce our stress. The song "Paperwork" is a blues tune about the time I was expected to pull a double shift and float to another unit. Rick wrote "Bedpan Blues" after he'd dropped a full bedpan on his shoe. The "ACLS Rap" was actually written as part of a trade agreement. I needed to be recertified and didn't want to pay the fee. My instructor told me she'd waive the fee



if I wrote her a song she could use in the class.

I understand where the story line for the lyrics comes from, but how do you decide on the melody to be used?

The idea comes first, then we try to match the melody to the subject of the lyrics. My personal musical preference is for Broadway, Gershwin or folk tunes. Rick's style is more rock and roll. I might have an idea for a song, but the melody it needed wouldn't match my style. Like the "ACLS Rap." I had the idea, but Rick had to write the music.

How did you and Rick meet and begin working together?

I believe that there are no accidents, there really is a cosmic plan. One night, I had to float, which I call the "F-word." I wasn't really happy about it. Rick worked on that unit, and somebody mentioned that he wrote songs. He had a tape of his song "Bedpan Blues" and played it for me. I knew right then we had to work together.

Are you both still working at the bedside?

Yes, I work full time in critical care and Rick just transferred from Respiratory ICU to Psych.

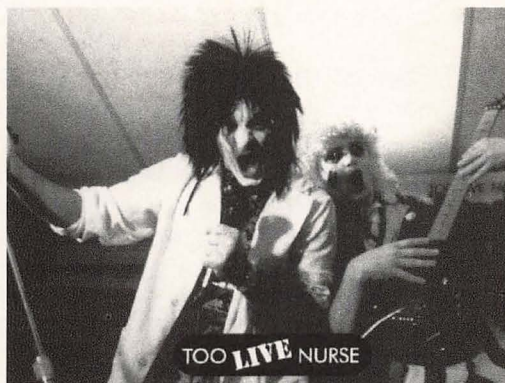
Does this mean you will probably come up with some psych related songs?

Yes, I think so. Our next album will be entirely about drugs. We're going to call it "Down on the Pharm." We also have plans to write songs about respiratory care and communicable diseases.

How can your tapes be used?

It depends on if you want it for personal use or as a tool for presentations. *Rockin' to the Algorithms* is being used by ACLS instructors all over the country as a sing-along. You can also involve the students in making movements to act out the

particular arrhythmia. This brings the whole body into the learning process. Some of our other stuff can be used by instructors as an icebreaker or energizer to make the lesson more interesting and memorable.



How about for the nurse at the bedside? How can they use your music?

Our songs can be used as a personal stress reduction tool. When something stressful happens, if we can remember a song and start to laugh, it helps us to become more playful with the stress of the moment.

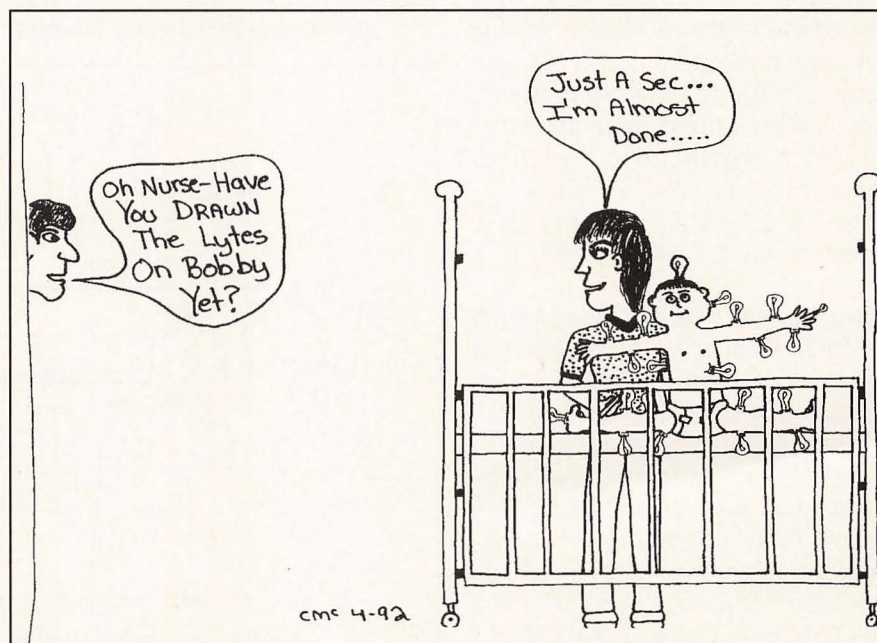
What advice could you give nurses to help them find humor in moments of stress?

Every time I feel bad, angry or stressed, then that's the time I realize that I have two choices. I can either get angry and react or I can find some humor in it. When you recognize you're feeling that way, there is something funny to be found. You just have to look for it. Sometimes the humor just jumps out at you. Sometimes when your sense of humor is overactive, some people just don't want to work with you.

If you could offer nurses one piece of advice, what would that be?

Just relax and lighten up. Try not to take things or yourself too seriously. It takes a tremendous amount of energy and intelligence to be a nurse. Sometimes the job is dirty and not very glamorous. Laughter is the best way to go. It's not going to make you less of a professional to take things a little more lightly. I think some nurses lose sight of this possibility.

Thanks for all the advice and especially for the laughs. We really look forward to hearing you perform again at the Jocularity Show this June in St. Louis.



Bubbly-graphy

and other humor resources

Bubbly-ography is a free service provided by the JNJ for writers, artists and organizations that help make the world a happier place. If you have suggestions for this column, send them to JNJ Bubbly-ography Dept., P.O. Box 40416, Mesa, AZ 85274.

Humorous Books & Magazines

Medical Secrets Revealed by Jeff Charlebois takes a fun poke at the folks who make their living poking folks. He looks at the insane world of medicine, doctors, and hospitals from one who knows. Jeff, a comedian and motivational speaker, was paralyzed in a car accident when he was 16. \$14.95 + \$2.50 S&H. Le Bois Productions, 5807 Topanga Canyon Blvd, Ste. G-309, Woodland Hills, CA 91367.

SATIRE, a quarterly of stories, essays, articles, cartoons and verse devoted to all things satiric. Annual subscription is \$18 (in U.S.). Sample copy: \$5.50 ppd. Internet browsers can view their home page at: <<http://www.intrepid.net/~fanfare/satire.htm>> Checks or money orders to: SATIRE, PO Box 340, Hancock, MD 21750.

Stand Back, I Think I'm Gonna Laugh by Rina Piccolo is a collection of terrific kick-in-the-brain cartoons about sex, life, car phones, bad hair, the Catholic Church and much, much, more! Rina's cartoons have been featured in Women's Glibber, The Funny Times, Comic Relief Magazine and many others. Cost \$7.95. Available from Laugh Line Press, PO Box 259, Bala Cynwyd, PA 19004.

STITCHES, The Journal of Medical Humor is written mainly for doctors but it can be enjoyed by anyone in the medical field. For a one year subscription, send \$40 in Canadian funds to: Stitches, 14845 Yonge St., Suite 300, Aurora, Ontario, Canada, L4G 6H8 or call 1-800-668-7412.

Using Humor For a Change by Scott Friedman, CSP. With change, uncertainty, and job insecurity sweeping through America today, stress is at record highs. The use of humor is one of the most effective methods in dealing with stress. This book is full of clever ideas to be put to use when you feel the stress creeping up your back. \$8.95 = \$1.05 S&H. Scott Friedman, 1563 S. Trenton Ct., Denver, CO 80231.

Humor Research Books & Articles

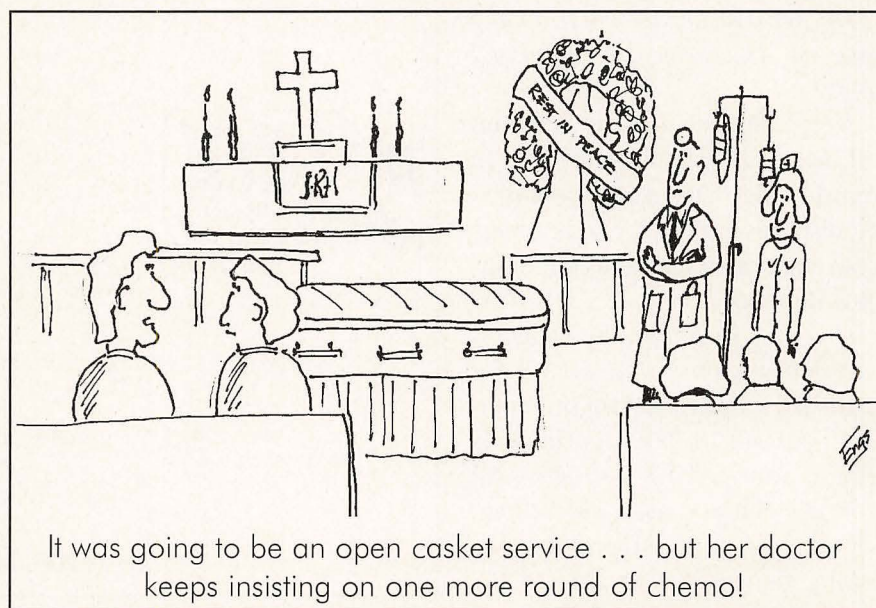
Jokes: Their Purpose and Meaning explores how and why humor works. The author, psychotherapist Herbert

Strean, uses jokes to explore what's funny about sex, marriage, parent-child relationships, religion, race and psychiatry. You don't have to be a psych nurse to appreciate or understand this book. Send \$32 ppd to Jason Aronson, Inc., 1205 O'Neill Hwy, Dunmore, PA 18512 or call 1-800-782-0015.

Laughter the Universal Language is a home study course from Leslie Gibson, RN, BS. It provides suggestions to improve the skills for developing a sense of humor which can help bridge cultural, economic or physical boundaries. This accredited course will earn you 10 contact hours. For info write: Morton Plant Health, 430 Park Place Blvd. #100, Clearwater, FL 34619 or call 813-797-6444

Therapeutic Humor Organizations

International Society for Humor Studies. An organization for the serious



study of humor. Members receive the I.S.H.S. newsletter, HUMOR: International Journal of Humor Research, and many more privileges. For info write to: Don L. F. Nilsen, I.S.H.S. Executive Secretary, English Dept, Arizona State University, Tempe, AZ 85287-0302.

Therapeutic Humor Newsletters

The Friends Network ® Funletter™ is a unique activities letter designed especially for children with cancer and their families. It is a one-of-a-kind publication which stretches the imagination and sparks ideas that encourage kids to use the resources around and inside themselves to fight cancer with hope. Donation/rate: \$10/year published bi-monthly. P.O. box 4545, Santa Barbara, CA 93140 (805)565-7031.

Humor & Health Journal is a bimonthly publication dedicated to humor and communicating its relationships with medicine, psychology, human resource development, communication, and the social and behavioral sciences. For information write: H & H, POB 16814, Jackson, MS 39236-6814; or phone (601) 957-0075.

Making Wellness Fun! is a quarterly

newsletter by wellness leader Leigh Ann Jasheway that offers creative, fun, and funny ideas for getting your wellness message across. You can use material from the publication in your own newsletters, fliers, on t-shirts or in any way that you want! Send \$20.00 to Making Wellness Fun, c/o Leigh Anne Jasheway, 3247 Crocker Rd, Eugene, OR 97404.

Gags, Gifts, Toys, & Miscellaneous

Uncle Stan Presents "Drugs" is a reprint of "The Catalogue of Drugs, Chemicals, Medicines, and Sundries," a 1904 distribution by Sears and Roebuck. Represented were nearly every patent medicine available at a time when the FDA was merely a pipedream of some, and a nightmare for others. For this 100-page bit of history send \$8.50ppd to The Animating Apothecary, 201 Arcadia Blvd, Battle Creek, MI 49017

Audio & Video Tapes,

Healthy Humor - Learn the therapeutic medical and emotional benefits from humor and earn 3 contact hours. Incorporate humor development techniques at all stages of life. You need not be a comedian to combine humor and health care. This book is avail-

able as workbook, audio & video cassettes. For information contact Morton Plant Health Ventures, 430 Park Place Blvd, #100, Clearwater, FL 34619, 813-797-6444.

Humor: The Good, The Bad and The Ugly by Karyn Buxman. Humor: What's appropriate, what's not? Is there a place for sick humor? What about "Gallows Humor"? Hear examples of humor at its best and at its worst. 1'20" video tape of a live performance at the Disneyland Hotel. CEUs available (39.95 + \$3 S&H). Send Check or MO to HUMORx, PO Box 1273, Hannibal, MO 63401-1273. Credit Card Orders: 800-848-6679.

When Kids Say Goodbye by Peter Alsop, PhD & funeral director, Paul Janisse. The goal of this training video is to help kids and families who have had a death in their family. Peter and Paul speak gently and openly about death. Sculpting techniques and music are incorporated into this video. \$66 + \$3 S&H. Moose School Productions, Box 960 Topanga, CA 90290, 800-676-5480.

When you write to these organizations, remember to mention the Journal of Nursing Jocularly.

Is your hospital or organization looking for a speaker for their next conference or workshop?

The Journal of Nursing Jocularly's Speakers Bureau can help you find a speaker within your budget who can talk on humor, stress, positive attitude or a similar subject. This is a free referral service.

You may reach the Journal of Nursing Jocularly's Speakers Bureau at 602-835-6165.

If you are a speaker on the therapeutic use of humor or related subjects and would like to be listed in our Speakers Bureau, please contact us for more information.

Writers and Artists Needed

Are your stories or artwork as funny or funnier than you've seen here? Then what are you waiting for? Send a 9 x 12 self addressed envelope with 52¢ postage to:

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